

Application for Accessibility (AODA) Status

People with disabilities may apply for Accessibility Status to be exempt from paying fines on overdue materials. Other standard library charges apply. According to the Accessibility for Ontarians with Disability Act, 2005 "disability" means

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- (b) a condition of mental impairment or a developmental disability,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (d) a mental disorder, or
- (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*; ("handicap")*

*http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm

To apply, complete the application steps listed below. The library will notify you that your application has been approved.

To be completed by the Health Care Professional

A Health Care Professional must complete the following section of this form indicating that the applicant has a disability preventing him/her from returning borrowed library materials within a set period of time.

I certify that the applicant is unable to return borrowed library materials within a set period of time because of a disability as described in the Accessibility for Ontarians with Disability Act, 2005, above.

Health Care Professional First Name: _____ Last Name: _____

Title or Occupation: _____

Telephone Number: _____

Address/City/Province/Postal Code: _____

Date: _____ Signature: _____

To be completed by the customer

First Name: _____ Last Name: _____

Birthdate: _____ Library Card Number: _____

Address/City/Province/Postal Code: _____

Telephone number: _____

Signature: _____

The information on this form is collected under the authority of the **Ontario Public Libraries Act R.S.O. 1990**, and will be kept strictly confidential. Membership information may be shared with Waterloo Public Library. (Revised January, 2006 L119)

Mail or drop off Application and letter from Health Care Professional to:

Registration
Kitchener Public Library
85 Queen St N
Kitchener ON N2H 2H2

Or Fax: 519-743-1261

Or visit one of our Community Library Locations:

Country Hills	1500 Block Line Rd	519-743-3558
Forest Heights	251 Fischer-Hallman Rd	519-743-0644
Grand River Stanley Park	175 Indian Rd	519-896-1736
Pioneer Park	150 Pioneer Drive	519-748-2740

For Staff Use:

Library Card Number: _____

Registration Date: _____

Staff Initials: _____