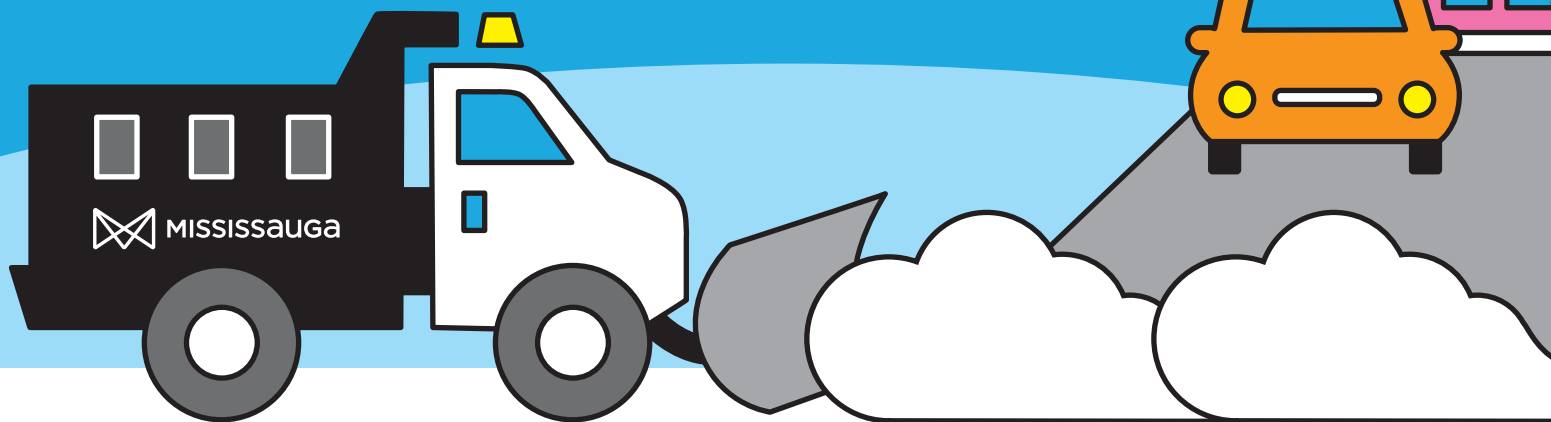


Driveway Windrow Snow Clearing Program

Assistance for seniors and people with physical disabilities.

Applications accepted until 9pm
Friday, November 10, 2017.

mississauga.ca/snow



What is the 'windrow' service?

A windrow is the snow left at the end of a driveway after a snow plow has cleared a road. This service will clear the windrows created by the snow plow from
November 27, 2017 – March 30, 2018.

A \$200 fee may apply.

Where can I get more information?

- Visit mississauga.ca/snow
- Call **3-1-1** or **905-615-4311** if outside city limits
- TTY: **905-896-5151**

Follow us:  [@MississaugaSnow](https://twitter.com/MississaugaSnow)

 **MISSISSAUGA**



Driveway Windrow Snow Clearing Program

Applications accepted until **November 10, 2017**. Limited spaces are available.

How the Program Works

The Driveway Windrow Snow Clearing Program is a citywide program to help clear windrows left at the end of driveways after a snow plow has cleared the road. Older adults (65 years and over) and people with physical disabilities are eligible to apply.

Participants will receive windrow clearing services from November 27, 2017 until March 30, 2018. Windrow snow clearing will be completed only after all roads in the City have been plowed. Please allow up to 36 hours after the end of a snow storm for windrows to be cleared.

A space of about three metres (ten feet) wide will be cleared to allow one car to pass. Clearing to bare pavement is not guaranteed.

Registration Fee

The cost of the program is \$200. Residents that meet financial assistance criteria may be eligible to participate free of charge. For details, refer to the Financial Assistance Criteria section.

This amount is non-refundable.

Eligibility

The program is open to residents of Mississauga who are:

- 65 years of age in 2017 or older; and
- People with physical disabilities, as verified by a regulated health professional.

Applicants must meet the following conditions:

- there are no able-bodied persons living at the same residence where service is required
- the applicant does not live in a high-rise, multi-unit building, condominium or within a commercial property
- the applicant does not reside on a private road
- only one person per address can participate in the program

Financial Assistance Criteria

Participation is free for those who qualify and are eligible for financial assistance. In order to be considered for the free program, applicants must:

1. have a total net individual or combined family income below the Low Income Cut Off amounts (Statistics Canada) as indicated on the application form
2. provide current, official documentation that shows total family net income, using one or more of the following original statements/documents:
 - Canada Customs and Revenue Agency (CRA) Notice of Assessment form (T451) showing net income/earnings
 - Ontario Disabilities Support Program Drug Benefit Eligibility Card
 - Ontario Sales Tax Benefit Form/Ontario Trillium Benefit Form
 - Ontario Works Drug/Dental Benefit Eligibility Card
 - Canada Child Benefit Notice
 - Ontario Child Care Supplement for Working Families Entitlement Notice
 - Harmonized Sales Tax Credit Notice

How to Apply

Applications will be accepted in-person from Tuesday, August 8, 2017 until Friday, November 10, 2017 (9:00p.m.). Refer to the Where to Apply section for a complete list of locations accepting applications.

Applicants are required to bring the following documentation with them when applying:

- a completed application form
- proof of residency in Mississauga (recent utility bill, lease agreement, driver's licence)
- proof of age (65 years and older) such as a birth certificate, driver's licence, passport
- proof of physical disability (for residents 64 years and younger) as verified by a regulated health professional (Health Assessment form, accessible parking permit, TransHelp Acceptance Letter)
- for free program - current, official documentation that shows total individual or combined family net income, using original statements/documents outlined in the Financial Assistance Criteria section

Where to Apply

Please bring your completed application and supporting documentation in-person to any of the following locations during business hours.

For your convenience, an appointment may be arranged in advance by phoning a preferred location. Otherwise, a specific appointment time is not required.

- 1. Burnhamthorpe Community Centre - 905-615-4630**
1500 Gulleden Dr. (Dixie & Burnhamthorpe)
- 2. Carmen Corbasson Community Centre - 905-615-4800**
1399 Cawthra Rd. (Cawthra & QEW)
- 3. Clarkson Community Centre - 905-615-4840**
2475 Truscott Dr. (Truscott & Southdown)
- 4. Erin Meadows Community Centre - 905-615-4750**
2800 Erin Centre Blvd. (Erin Mills & Eglinton)
- 5. Frank McKechnie Community Centre - 905-615-4660**
310 Bristol Rd. E. (Huronario & Bristol)
- 6. Huron Park Recreation Centre - 905-615-4820**
830 Paisley Blvd. W. (Mavis & Queensway)
- 7. Malton Community Centre - 905-615-4640**
3540 Morning Star Dr. (Goreway & Morning Star)
- 8. Meadowvale Community Centre – 905-615-4710**
6655 Glen Erin Dr. (Glen Erin & Aquitaine)
- 9. Mississauga Valley Community Centre - 905-615-4670**
1275 Miss. Valley Blvd. (Huronario & Burnhamthorpe)
- 10. River Grove Community Centre - 905-615-4780**
5800 River Grove Ave. (Britannia & River Grove)
- 11. South Common Community Centre - 905-615-4770**
2233 South Millway (Erin Mills & Burnhamthorpe)
- 12. Recreation Customer Service Centre - 905-615-4100, option 1**
301 Burnhamthorpe Rd. W., (Burnhamthorpe Rd. W. & Living Arts Dr.)
Mississauga Central Library, Ground Floor
- 13. Mississauga Seniors' Centre - 905-615-4810**
1389 Cawthra Rd. (Cawthra & QEW)

Driveway Windrow Snow Clearing Application



Completed applications and supporting documentation must be submitted in person.

LAST Name (required information)	FIRST Name (required information)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Date of Birth YYYY MM DD
Email Address		PRIMARY Phone Number (required)	
HOME Address (Street Number/Street Name) (required)		Suite/Apt/Unit Number (required)	
CITY/PROVINCE (required)		Postal Code (required)	

Please list the family members who reside at the main Applicant's household. Persons 16 years of age and older must initial beside their name.

LAST Name (required information)	FIRST Name (required information)	Date of Birth YYYY MM DD	Able Bodied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
LAST Name (required information)	FIRST Name (required information)	Date of Birth YYYY MM DD	Able Bodied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
LAST Name (required information)	FIRST Name (required information)	Date of Birth YYYY MM DD	Able Bodied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
LAST Name (required information)	FIRST Name (required information)	Date of Birth YYYY MM DD	Able Bodied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials

Declaration of Income: Residents applying for FREE program, please provide one or more of the following original documents showing net income/earnings for all adults below the designated cut-offs		Maximum After Tax Qualifying Net Income																
<input type="checkbox"/> Canada Customs and Revenue Agency (CRA) Notice of Assessment (T451) line 236 <input type="checkbox"/> Ontario Sales Tax Benefit/ Ontario Trillium Benefit Form <input type="checkbox"/> Ontario Disabilities Support Program Drug Benefit Eligibility Card <input type="checkbox"/> Ontario Works Drug/Dental Benefit Eligibility Card <input type="checkbox"/> Canada Child Tax Benefit Notice <input type="checkbox"/> Ontario Child Care Supplement for Working Families Entitlement Notice <input type="checkbox"/> Harmonized Sales Tax Credit Notice <input type="checkbox"/> FAP currently activated until:	YYYY MM DD Document Date: _____ Document Date: _____ Document Date: _____ Document Date: _____ Document Date: _____ Document Date: _____ End Date: _____	<table> <tr> <th>Family Size</th> <th>After Tax \$</th> </tr> <tr> <td><input type="checkbox"/> 1 person</td> <td>20,675</td> </tr> <tr> <td><input type="checkbox"/> 2 persons</td> <td>25,163</td> </tr> <tr> <td><input type="checkbox"/> 3 persons</td> <td>31,334</td> </tr> <tr> <td><input type="checkbox"/> 4 persons</td> <td>39,092</td> </tr> <tr> <td><input type="checkbox"/> 5 persons</td> <td>44,514</td> </tr> <tr> <td><input type="checkbox"/> 6 persons</td> <td>49,367</td> </tr> <tr> <td><input type="checkbox"/> 7 persons</td> <td>54,220</td> </tr> </table>	Family Size	After Tax \$	<input type="checkbox"/> 1 person	20,675	<input type="checkbox"/> 2 persons	25,163	<input type="checkbox"/> 3 persons	31,334	<input type="checkbox"/> 4 persons	39,092	<input type="checkbox"/> 5 persons	44,514	<input type="checkbox"/> 6 persons	49,367	<input type="checkbox"/> 7 persons	54,220
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Declaration of Assessment of Health Condition For residents 64 years or younger, please provide one of the following original documents:	Declaration of Age For residents 65 years of age or older, please provide one of the following original documents:
<input type="checkbox"/> Health Assessment Form Signed by Canadian Regulation Health Practitioner <input type="checkbox"/> Accessible Parking Permit <input type="checkbox"/> TransHelp Acceptance Letter	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport
Expiry Date: _____ Date of Letter: _____	

FOR STAFF USE ONLY Staff Verification: (Print & Sign)

I, the undersigned, confirm the information set forth in this application is true and complete to the best of my knowledge.

I acknowledge that it is my obligation to update my Recreation and Parks account if any changes occur in my family's financial situation (residents who receive free program only). I acknowledge that any falsified statements on this application can result in termination of the Driveway Windrow Snow Clearing Program by the City of Mississauga, Transportation and Works Department.

I acknowledge and understand that:

- I reside as owner or legal tenant in the residential property for which the Driveway Windrow Snow Clearing Program is required.
- No able bodied person is living at the same residence where driveway windrow snow clearing is required.
- I am not living in a high-rise, { multi-unit building, condominium or within a commercial property and I do not reside on a private road.
- The City of Mississauga reserves the unfettered right as to determine when a driveway windrow snow clearing activity will be performed.
- The driveway windrow snow clearing will be approximately 3m (10 ft) wide to allow one car to pass. It may take up to 36 hours after the end of a snow storm before windrows are cleared. Clearing to bare pavement cannot be guaranteed.
- I am aware that the Driveway Windrow Snow Clearing Program does not include clearing of windrow left by any sidewalk plow.
- I agree not to hold the City of Mississauga responsible or liable for any damages or losses of any kind whatsoever (to personal property or personal injury), sustained by the undersigned or by anyone allowed by the undersigned to be on the property, as a result of the City's activities under the Driveway Windrow Snow Clearing Program.
- I will ensure that vehicles or other obstructions at the end of my driveway are removed and my house number will be visible and illuminated.
- I agree that final approval of this application is subject to site inspection/verification by the Transportation and Works Department. You will be notified if there are any concerns with your application.
- I agree to the following level of service: 36 hours after the end of a snow storm with a 3m (10ft) wide clearing.

Driveway Windrow Snow Clearing Program operates from November 27, 2017 - March 30, 2018.

There are NO Refunds.

Applicant Signature:

Date:

YYYY/MM/DD

Yes, I would like to receive communications from the City of Mississauga relating to the Windrow Snow Clearing Assistance Program.

The personal information on this form is collected under the authority of the *Municipal Act, 2001*, section 11 and City of Mississauga Policy 08-03-06 and will be used for the purpose of Windrow Snow Clearing Assistance Program administration, and to send you information relating to the Window Snow Clearing Assistance Program and any associated upcoming events, citizen engagement opportunities, important seasonal reminders and notifications regarding issues affecting the Windrow Snow Clearing Assistance Program. Questions about the collection of personal information and the Windrow Snow Clearing Assistance Program should be directed to the Customer Service Centre, Community Services Department, 301 Burnhamthorpe Road West, Mississauga, Ontario L5B 3Y3, telephone 905-615-4100 .

We take privacy seriously and we will not sell, rent, or disclose your informaiton to any outside organization or individuals without your consent. If you decide that you no longer wish to receive information relating to the Windrow Snow Clearing Assistance Program in the future, you can unsubscribe by contacting the Customer Service Centre, Community Services Department, 301 Burnhamthorpe Road West, Mississauga Ontario L5B 3Y3, telephone 905-615-4100.

Driveway Windrow Snow Clearing

Health Assessment



Personal information on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and the City of Mississauga policy 08-03-06 and will be used for the purpose of Windrow Snow Clearing Assistance Program administration, and periodic mailings pertaining to the Window Snow Clearing Assistance Program. Questions about this collection should be directed to the Manager, Customer Service Centre, Community Services Department, 301 Burnhamthorpe Road West, Mississauga, ON L5B 3Y3, Telephone 905-615-3200 ext. 5037.

This form requires completion only if applicant is not able to provide a valid Accessible Parking Permit or TransHelp Acceptance Letter.

Applicant is responsible for any fees associated with completion of this form.

Medical Information must be completed by a Canadian Regulated Health Professional. This includes a licensed physician or surgeon; nurse practitioner; physiotherapist or occupational therapist; chiropractor; optician or optometrist (for vision disabilities); respiratory therapist; chiroprapist or podiatrist.

Eligibility requirements:
Permanent or temporary loss, absence or impairment of physical ability to clear driveway snow windrow from private driveway.

Applicant

Last Name

First Name

☐ Male

☐ Female

Date of birth (Year, Month, Day)

Regulated Health Professional

Medical Certification:

I hereby certify the applicant listed on this Health Assessment form has a permanent or temporary disabling condition and meets the necessary eligibility requirements as listed above.

Name (Print)

Name (Signature)

Date of birth (Year, Month, Day)

Telephone (Office)

Print or stamp name and address of Regulated Health Professional