

CITY OF FORT ST. JOHN

NORTH PEACE LEISURE POOL
DISABILITY ACCESS
Committee Policy No. 01/15

Records Management Number: 1810-00
Finance

NORTH PEACE LEISURE POOL
DISABILITY ACCESS POLICY

POLICY STATEMENT

It is the policy of the North Peace Leisure Pool Commission to charge persons with a permanent disability 50% of the regular admission fees that applies to the individual

ACTIONS

Ensure all staff are aware of the policy.

PROCESS

Application Process:

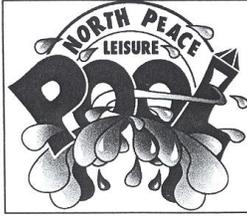
1. Complete the attached application form in full.
2. Proof of your disability must be provided T4 – Revenue Canada (proof of disability income). If you are not receiving disability income, please contact the North Peace Leisure Pool - Pool Manager to see what other options for proof of disability you may have.
3. Return application form to the North Peace Leisure Pool to the attention of the Pool Manager.
4. A decision will be made within ten working days.

What will not be accepted as a disability?

1. A doctor's note stating temporary disability.
2. Physiotherapist request for exercise therapy.
3. Long-term or short-term disability from employer.
4. Workers Compensation claims.
5. ICBC claims.

RESPONSIBILITY

- Access to the facility for those who are permanently disabled will be facilitated through the Pool Manager or Aquatic Supervisor.
- It is the responsibility of the Pool Manager and Aquatic Supervisor to ensure staff and organizations that assist disabled persons are aware of the policy.
- It is also the responsibility of the North Peace Leisure Pool staff to promote this policy to those who fit into these circumstances. The North Peace Leisure Pool has the right to revoke or discontinue passes at any time and without notice.



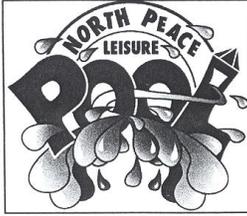
CITY OF FORT ST. JOHN

NORTH PEACE LEISURE POOL
DISABILITY ACCESS
Committee Policy No. 01/15

Records Management Number: 1810-00
Finance

OTHER

Refer to the North Peace Leisure Pool Buddy Policy No. 2/00. It is the policy of the North Peace Leisure Pool Commission to not charge admission to the attendant whom accompanies a handicapped person into the facility in those instances when the handicapped person is unable to utilize the facility unless they are accompanied by an attendant.



CITY OF FORT ST. JOHN

NORTH PEACE LEISURE POOL
DISABILITY ACCESS
Committee Policy No. 01/15

Records Management Number: 1810-00
Finance

**North Peace Leisure Pool
Disability Access Application Form**

1. Personal Information:

If someone other than yourself is filling in this form for you, please complete Section 2.

Last Name	First Name	Middle Initial	<input type="checkbox"/> Male	<input type="checkbox"/> Female
-----------	------------	----------------	-------------------------------	---------------------------------

Address	Box Number	Street Address	City/Town	Postal Code
---------	------------	----------------	-----------	-------------

Home Phone Number	Work Phone Number	Date of Birth
		_____ Year Month Day

Are you a resident of the City of Fort St. John or the Peace River Regional District Yes No

If yes, for how long? _____

If less than a year , please list pervious address: _____

If no, where do you reside? _____ Are you a : Homeowner Renter Border

2. If someone else completed this form for you, complete the following:

Name	Relationship to Applicant
Address including postal code	Phone Number

3. Proof of Disability Status

<input type="checkbox"/> Revenue Canada – T4	Year:	<input type="checkbox"/> Copy Attached
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Revenue Canada-Option Fee Print Out		

4. Financial Information

Are you receiving any financial assistance within the province of B.C.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving any financial assistance outside the province of B.C.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you presently receiving a disability income from any insurance company or employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

