



TOWNSHIP OF WOOLWICH
 24 Church Street West, P.O. Box 158, Elmira, Ontario N3B 2Z6
 Tel: 519-669-1647 or 519-664-2613
 Fax: 519-669-1820

PAL CARD APPLICATION

Please complete the following information. All information pertaining to this application is confidential.

Name: _____ Date of Birth (mm-dd-yyyy): _____

Address: _____ Phone: _____

City: _____ Postal Code: _____

To determine eligibility requirements, please answer the following questions:

1. Is the disability: Permanent Temporary
2. Has the disability lasted longer than six months? Yes No
3. Is the disability eliminated by the use of a technical aid? Yes No
 (ie eyeglasses)

At present, this program does not require a medical certificate for PAL Card eligibility. However, it is necessary to have verification that the applicant has a disability, therefore, references are required. The references must be people who know that the applicant meets the criteria: for example, occupational or physio-therapist, teacher, clergy, etc. All references will be contacted by Township staff before the PAL Card application is approved.

References:

1. Name: _____

Occupation: _____ Phone: _____

2. Name: _____

Occupation: _____ Phone: _____

The statements made on this application are, to the best of my knowledge, complete and accurate. I understand that Township staff will contact the references and that approval of this application depends upon verification that the applicant is a person with a disability (according to Statistics Canada's definition).

Signature: _____ Date: _____

(Applicant, Parent, Guardian, Caregiver)

Forward completed application to:

Township of Woolwich, Council and Information Services Division
 P.O. Box 158, 24 Church Street West, Elmira, ON N3B 2Z6
 Fax (519) 669-1820

FOR OFFICE USE ONLY

Number _____ References _____ Date Issued _____