
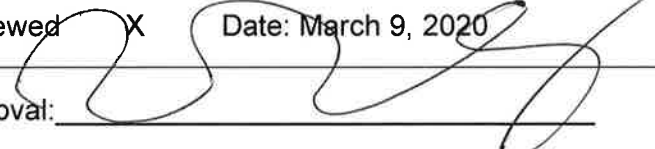


Town of Marathon Policy

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| Town Of Marathon  | Policy: Access to Community Recreation Facilities & Programs for Persons with Disabilities | Section: Community Services |
| | New <input type="checkbox"/> Effective: Revised <input checked="" type="checkbox"/> Supersedes Policy dated: May 28, 2001 Reviewed <input checked="" type="checkbox"/> Date: March 9, 2020 | |
| Policy No. CS0002 | Approval:  | Page 1 of 2 |

Purpose:

The Town of Marathon strives to provide quality and inclusive programming for all residents and visitors. In order to make all town facilities and programs inclusive the Town of Marathon offers specific policies that assist those with disabilities. This policy will allow persons with disabilities to apply for a PAL Card (Personal Attendant for Leisure Card) which allows them to bring a personal attendant over the age of 18 into the facility/program at no charge.

Scope:

This policy applies to patrons with temporary or permanent disabilities that create a barrier to independently access our facilities or programs. This policy shall apply to all municipal facilities and programs and allows a paying patron with a disability and PAL Card to bring in a Personal Attendant free of charge. Non-municipal facilities and programs have the option to adopt a similar policy if desired.

Policy:

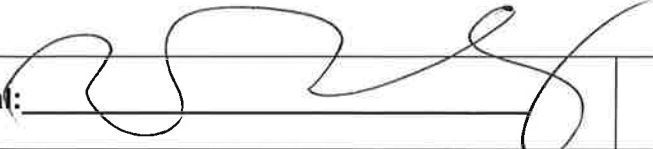
This policy will follow the guidelines set out by Statistics Canada (www.statcan.gc.ca) and a person will be eligible for a PAL card if they meet the following 2 requirements:

1. They are a person with a disability and their disability restricts them from performing activities within the range considered normal and,
2. Their disability can NOT be eliminated by the use of a technical aid like eyeglasses etc.

The Town of Marathon will recognize those with both permanent and temporary disabilities by issuing PAL Cards in 3, 6, and 12 month options. Those with permanent disabilities must renew their PAL Card every 12 months.



Town of Marathon Policy

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The Personal Attendant (P.A.) with the patron will be admitted free of charge into the facility or program with the presentation of the PAL Card. The P.A. will be expected to assist the patron at all times, and must participate in the activity with the patron.

A person with a disability can apply for the PAL Card via the attached application. References from health care practitioners (occupational/physiotherapist, family physician, Chiropractor etc.) are required and will be contacted by the Community Services Department prior to approval.



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PAL CARD APPLICATION

Office Use Only

PAL #:

Date Issued:

Approved by:

Please complete the following information. All information collected on this form remains confidential.

Name:

Date of Birth:

Address:

Phone:

City:

Postal Code:

To determine eligibility requirements, please answer the following questions:

1. Is your 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 (e.g. eyeglasses?) Yes No

It is necessary to have verification that the applicant has a disability, therefore, references are required. The references must be health care professionals who know that the applicant meets the criteria: for example, occupational or physiotherapist, social worker, family physician, Nurse Practitioner, Physician's Assistant, Chiropractor, etc. All references will be contacted by the Community Services Department before the PAL Card application is approved.

Reference 1

Name:

Occupation:

Phone Number:

Reference 2

Name:

Occupation:

Phone Number:

The statements made above are, to the best of my knowledge, complete and accurate. I understand that Community Services 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: _____
(Signature of Applicant/Parent/Caregiver/Guardian)

Return your completed PAL Application form to the Community Services Office at the Rec Complex or mail to P.O. Bag "TM" 4 Hemlo Drive, Marathon, ON P0T 2E0.

PAL CARD APPLICATION

How does the PAL Card Work?

When you and your support person go to a place that accepts the PAL Card you show your card when you are paying admission. You don't have to show any other forms of identification. You don't have to tell the people at the front if you have a disability or what kind of disability it is. Seeing that you have a PAL Card should be good enough to let your support person in for free.

Who can be your support person? Anyone who is over 16 years of age and can give you the help that you need while in the program/facility. It is very important that your support person is there to help you and involved in whatever program you are in.

The PAL Card is not to be used to get people in for free who are not there to support your needs.

What is expected of a support person with a PAL Card holder?

- All the rules of the program/facility that apply to the PAL Card holder, also apply to the support person.
- Provide adequate and appropriate support to the PAL Card holder.
- Be respectful of the rights of all.
- Ensure a safe and enjoyable environment for all.
- Maintain confidentiality.
- Communicate effectively on behalf of the PAL Card holder, as required.
- To be admitted for free with a PAL Card for the strict purpose of supporting the PAL Card holder in their participation, not for personal gain.

Reminders for Using Your PAL Card

- Only the person whose name is on the PAL Card can use it.
- If two people, each having a PAL Card are supporting each other at least one person must pay admission.

If you have problems using your PAL Card please call 229-9943.

Agreement

I, _____ agree to the above terms and conditions and understand my rights to the PAL program. If I am found to be in breach of the policy I understand that my PAL card can be revoked by the Town of Marathon Community Services Department.

Signature: _____ Date: _____

_____ has been granted 3/6/12 months for the use of the PAL card and understands this card will not be accepted after expiry.

Date Issued: _____ Date Expired: _____

Approved by: _____ Date: _____

Office Use Only