



POLICY MEMORANDUM

POLICY SUBJECT: Snow Clearing Assistance -Seniors/Persons with Disabilities Program

DEPARTMENT: Public Works

MOTION BY COUNCIL:

POLICY #: PW-SCA-007

Purpose

A wing roll (windrow) is the snow pushed into a driveway by a passing snowplow.

The Town Council of Wabush wish to assist senior citizens and persons with disabilities with snow clearing of driveway wing rolls (windrows).

The intent of the program is to remove the larger wing rolls of snow at the driveway entrance that could prohibit a vehicle from coming or going from the residence. The wing roll clearing program expects to see most of the snow be cleared, however residents may still need to clear a much smaller area.

The policy does not extend to the clearing of steps and walkways.

Scope

The scope of the assistance includes the following:

- Removal of wing roll (windrow) after the snow has stopped, and only after 5cm (around 2 inches) of snow has accumulated;
- When Town's or Contractor's equipment have completed their routes;
- Clearing should be completed within 24 hours; however, timing is not guaranteed;
- Urgent requests should be made to the Town Hall



The following is specifically excluded from the scope of the assistance program:

- Shoveling/snow clearing of the entire driveway;
- Clearing of snow from front and back steps and walkways;
- Ramps;
- Access to main dwelling;
- Access to ancillary buildings.

Eligibility

Applicants must satisfy the following criteria:

- Be 65 years of age or older or have a physical or cognitive disability;
- Occupy a single-family dwelling that fronts onto a municipal street in Wabush;
- A single dwelling may be owned or rented;
- Have no able-bodied persons under the age of 65 years in their residence. Signed declaration will be required;
- Provide a photocopy of their birth certificate or driver's license;
- Applicants who have a physical or mental disability must provide a doctor's certificate each year and be declared unfit for wing roll shoveling OR a copy of a mobility impaired parking permit;
- Temporary disability must last the entire season. For example, a sprained ankle which may heal in two weeks duration would not be eligible;
- Applicants must apply every year to participate in the program and supply supporting medical documentation;
- Applicant must not be a landlord.

Program

The Town Council will determine available funding and number of participants in the program annually. The Town Council may terminate the program at any time and change scope and eligibility criteria.

Typically, the program would run from October 15th to April 15th, subject to weather conditions.

The eligible participants in the program will be selected on the first come first serve basis. Maximum participation has been set at 60 driveways.

Acceptance in the program is not guaranteed.

The applicants must apply for the program and provide required documentation at the time, as determined by Town Council.

The Town of Wabush is not responsible for any damage to driveways, curbs or any other property due to clearing of the snow wing roll.



WABUSH

Fee

The fee to participate in the program will be as per the Town's Tax Structure I and is non-refundable.

Application Procedure

- 1) Residents who feel they meet the criteria can obtain an application form at the Town Hall located at 15 Whiteway Drive or download from www.labradorwest.com under Town Hall/Wabush/Documents/Permits & Applications.
- 2) Application must be completed and presented to the Town Hall along with the following information:
 - If applying as a Senior, proof of age- driver's license or birth certificate
 - If applying as a Person with a Disability- medical certificate or parking permit
 - Confirmation of Residency: If applying as a homeowner we will print off your residential property tax account information. If applying as a tenant, a copy of lease agreement is required.
 - Signed declaration affirming there are no able-bodied persons under the age of 65 residing in the household. Affidavits can be administered at the Town Hall (1 Commissioners of Oaths on staff), two witnesses are required to be present.
 - Copy of Receipt of Application Fee payment.
- 3) Applications will be reviewed by the Town Clerk for eligibility and confirmation of all supporting documentation.
- 4) If all criteria are met, barring any unforeseen circumstances, every effort will be made to have the application processed within 3-5 business days.

Comments/Suggestions/Disputes

Any suggestions, comments or potential disputes about administering the program shall be addressed to the Town Manager for consideration of Council.

Any decisions of the Town Council are final.

Tiffanee Rideout – Town Clerk/Director of Finance

Ron Barron - Mayor



NAME: _____

ADDRESS: _____

EMAIL: _____

☐ I hereby certify that I am 65 years of age or older

☐ Copy of Birth Certificate or Driver's Licence attached

☐ I hereby certify that I have a disability that requires assistance for snow clearing
☐ Copy of Medical Certificate attached OR Copy of Mobility Impaired Parking Permit

☐ I hereby certify that I am the owner of the property address listed above

☐ Copy of Residential Property Tax Account attached (can be produced at time of application)

☐ I hereby certify that I am the tenant of the property address listed above

☐ Copy of Lease Agreement attached

☐ I hereby certify that neither my spouse, dependant or any other persons residing in my place of residence are able-bodied and under the age of 65

☐ Declaration attached (this document can be executed at the Town Hall)

☐ I hereby certify that I have paid my application fee of \$80.00 + HST (non-refundable)

☐ Copy of Receipt attached

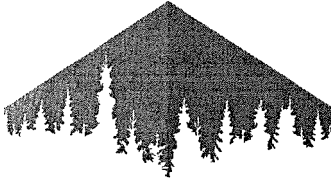
File #: _____

Town Clerk:

Date: _____

Town Manager: _____

Date: _____



WABUSH

**SNOW CLEARING ASSISTANCE PROGRAM
FOR SENIORS & PERSONS WITH DISABILITIES**

DECLARATION OF ASSISTANCE REQUIREMENT

I hereby certify that neither my spouse, nor dependant, nor any other persons residing in my place of residence are able-bodied and under the age of 65.

(must be signed in presence of Commissioner of Oaths)

Name of Applicant:

Signature of Applicant:

I hereby certify that the above noted applicant has been known by the undersigned to have no able-bodied person under the age of 65 residing at their place of residence.

(must be signed in presence of Commissioner of Oaths)

Name of Witness:

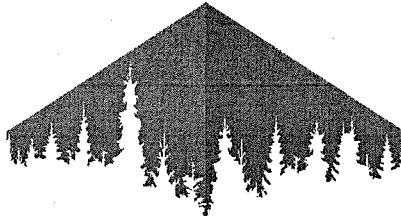
Signature of Witness:

Name of Witness:

Signature of Witness:

This information has been sworn before me in the Town of Wabush in the province of Newfoundland & Labrador on this ____ day of _____, 20__.

Commissioner of Oaths



WABUSH

SNOW CLEARING ASSISTANCE PROGRAM FOR SENIORS & PERSONS WITH DISABILITIES FACT SHEET

- Person of the age of 65 or older or person with a disability may apply for the program
- Must be a property owner or tenant of a single dwelling in the Town of Wabush
- Must be no other able-bodied persons under the age of 65 residing in your place of residence
- Documentation required is included on the application form
- Eligible participants in the program will be selected on a first come first serve basis (maximum participation has been set at 60 driveways)
- Program is for the removal of wing roll (windrow) **ONLY**; it does **NOT** include entire driveway, steps, walkways, ramps, access to home or accessory buildings
- Removal will start after the snow has stopped; and only after 5 cm of snow has accumulated
- Snow will not be trucked away (will be deposited on the property)
- Clearing should be completed within 24 hours; however, timing is not guaranteed
- Urgent requests should be made to the Town Hall during office hours (282-5696)
- Application fee is \$80.00 + HST (non-refundable)
- Covers period of October 15th to April 15th each year

The Town of Wabush is not responsible for any damage to driveways, curbs or any other property due to clearing of the wing roll.