



LABRADORCITY

**SNOW CLEARING ASSISTANCE
FOR
SENIORS AND PERSONS WITH DISABILITIES**

PILOT PROGRAM WINTER 2018



Policy Memorandum



LABRADOR CITY

POLICY SUBJECT:	SNOW CLEARING ASSISTANCE – SENIORS/PERSONS WITH DISABILITIES PILOT PROGRAM – WINTER 2018
DEPARTMENT:	ENGINEERING & PUBLIC WORKS
ADOPTED BY COUNCIL:	JANUARY 23, 2018
POLICY#:	3.3-2

Purpose

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

The Town Council of Labrador City 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 pilot project 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 during office hours or Fire Hall after hours.

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 the urban area of Labrador City or Harrie Lake subdivision;
- 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;
- 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 until 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 Labrador City is not responsible for any damage to driveways, curbs or any other property due to clearing of the snow wing roll.

Fee

The fee to participate in the program will be as per the Town's Fee Schedule "A", and is non-refundable.


Application Procedure

- 1) Residents who feel they meet the criteria can obtain an application form at the Town Hall Administration Department located at 317 Hudson Drive, or download from www.labradorwest.com under Town Hall/Labrador City/Documents/Permits & Applications.
- 2) Application must be completed and presented to the Town Hall Administration Department 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
 - Confirmation of Residency: If applying as a home owner 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 (2 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 and forwarded to the Director of Engineering & Public Works for final approval under the Snow Clearing Assistance for Senior and Persons with Disabilities Policy.
- 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 Director of Engineering and Public Works for consideration of Municipal Services Committee and/or Committee of the Whole.

Any decisions of the Town Council are final.



Tom Mihajlovic, Director of Engineering & PW



Wayne Button, Mayor



LABRADORCITY

SNOW CLEARING ASSISTANCE PROGRAM FOR SENIORS & PERSONS WITH DISABILITIES

NAME: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____

SENIOR APPLICANT

- I hereby certify that I am 65 years of age or older
- Copy of Birth Certificate or Driver's Licence attached

OR

PERSON WITH A DISABILITY APPLICANT

- I hereby certify that I have a disability that requires assistance for snow clearing
- Copy of Medical Certificate attached

RESIDENCY CONFIRMATION

- 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)

OR

- I hereby certify that I am the tenant of the property address listed above
- Copy of Lease Agreement attached

ASSISTANCE REQUIREMENT CONFIRMATION

- 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)

APPLICATION FEE

- I hereby certify that I have paid my application fee of \$40.00 + HST
- Copy of Receipt attached

Office Use Only:

File #: _____

Confirmation of Supporting Documents

Town Clerk: _____

Date: _____

Program Approval

Director of Engineering & PW: _____

Date: _____



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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 Labrador City in the province of Newfoundland & Labrador on this ____ day of _____, 20__.

Commissioner of Oaths
