COUNTY OF ST. PAUL

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www.county.stpaul.ab.ca

Our Mission - To create desirable rural experiences

Permanent Disability Verification Form

for the County Snow Removal Assistance Program

Applicant Information (to be completed by the customer)

Applicant name: _____ Date of Birth: _____

Address: _____ City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

Applicant Consent

I authorize my medical provider to release the information below for the purpose of determining eligibility for county snow removal assistance.

Applicant Signature: _____ Date: _____

Medical Background (to be completed by licensed physician or nurse practitioner)

This section of the form must be completed by a licensed healthcare professional. Incomplete forms may delay processing.

Patient Name: _____

Disability Details

Nature of Disability (check all that apply):

☐ Mobility impairment

☐ Chronic illness

☐ Neurological condition

☐ Cardiovascular condition

☐ Respiratory condition

☐ Other: _____

Is this condition permanent?

☐ Yes ☐ No

Additional comments (optional):

_____
_____
_____

Medical Provider Certification

I, the undersigned licensed medical provider, certify that the above-named individual has a permanent disability that significantly impairs their ability to safely perform snow removal using motorized equipment (e.g. truck with blade, snowblower, ATV with blade, etc.)

I certify that the information provided above is accurate to the best of my knowledge and that this patient would benefit from assistance with snow removal at no cost due to their medical condition.

Provider Name: _____ License Number: _____

Clinic Name: _____

Phone Number: _____

Provider Signature: _____ Date: _____

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The personal information collected through this Verification Form is for the administration of the Snow Removal Program. This collection is authorized under Section 4(c) of the Protection of Privacy Act (POPA). For questions about the collection of personal information, contact the County of St. Paul ATIA/POPA Coordinator at 780-645-3301.