



## **PERSONS WITH DISABILITY WARNING SIGN POLICY**

### **A. Authority**

The authority for the Persons with Disability Warning Sign Policy shall be by the approval of the Council for the Township of Malahide.

The approval and monitoring of Persons with Disability Warning Signs shall be at the discretion of the Director of Physical Services or his/her designate.

### **B. Policy Statement**

Public safety is of the utmost importance to the Council of the Township of Malahide. For various reasons, it may be necessary to install signage to advise of persons with disabilities using existing pedestrian facilities within the community.

### **C. Definitions**

“Council” – means the Council for the Corporation of the Township of Malahide.

“Persons with Disability” – means a person diagnosed with a hearing impairment, vision impairment or autism by a medical professional recognized by the College of Physicians and Surgeons of Ontario.

“Director of Physical Services” – means the Director of Physical Services for the Corporation of the Township of Malahide or his/her designate.

“Township” – means The Corporation of the Township of Malahide.

### **D. Purpose**

The purpose of this policy is to establish a protocol for the installation of Persons with Disability Warning Signs within a Township of Malahide road allowance.

### **E. Procedures for the installation of Persons with Disability Warning Signs**

1. A request for a Persons with Disability Warning Sign must be made in writing to the Director of Physical Services. A copy of the Persons with Disability Sign Application form (see appendix ‘A’) must be completed in its entirety and accompany the written request.

2. Signs will be limited to Township of Malahide road allowances only.
3. The placement of the sign will adhere to the guidelines outlined in the Ontario Traffic Manuals (OTM) for pedestrian warning signs.
4. The applicant, Parent(s) or legal guardian shall agree to notify the Township of Malahide if the sign is no longer required (i.e. family moves). Township staff will proactively send a letter to each participating family annually requesting confirmation on their continued participation in the program.

The sign(s) will be removed if an acknowledgment is not received within 30 days of the date of the letter.

5. Specific placement of Persons with Disability Warning Signs shall be determined by staff taking into consideration exposure, visibility and the proximity and impact on other regulatory, warning and guide signs.
6. Where it is determined that a sign is not effective or it interferes with existing signage, alternatives, including non-placement will be considered.

#### **F. General**

This Policy shall be administered by the Physical Services Department.

This Policy shall be referred to as the Persons with Disability Warning Sign Policy.

This Policy shall come into force and effect on the day of passing – April 25, 2019 .

This Policy shall be reviewed as required.

## Appendix 'A'



87 John Street South  
Aylmer ON, N5H 2C3  
Phone (519) 773-5344  
Fax (519) 773-5334

### PERSONS WITH DISABILITY WARNING SIGN APPLICATION

Persons with Disability Warning Signs are intended to notify drivers that they are approaching a private residence where a person(s) with a permanent disability resides.

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Personal Email: \_\_\_\_\_

Sign is intended for: ☐ Applicant  
☐ Child(ren) under primary care of applicant  
☐ Other \_\_\_\_\_

The person(s) the sign is intended for is a: ☐ Child ☐ Adult (18 years of age or older)

Does the person(s) the sign is intended for reside at the above address: ☐ Yes ☐ No

If not, please identify their permanent address: \_\_\_\_\_

#### Please Note

- 1) The location of sign(s) will be determined through a site review. Generally, one sign will be installed per direction on Township of Malahide roadways, approximately 100 metres in advance of the address.
- 2) You are required to contact the Township of Malahide if there are any changes that would require the signs to be changed or removed, such as a change in address, etc.
- 3) The Township of Malahide will contact you annually by written letter (delivered by mail or in person) to the applicant's address. The applicant shall acknowledge the signs are still required upon receiving the annual notice. The sign(s) will be removed if an acknowledgement is not received within 30 days of the date of the letter.
- 4) Please note, the sign has no legal status under the Ontario Highway Traffic Act. By signing and submitting this application, you acknowledge the sign is informational only and is not to be construed as a device to protect persons from vehicular traffic.
- 5) Upon an approved application, please allow 6 weeks for the signs to be installed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL:

Council of the Township of Malahide approved the installation of signs to warn drivers they are approaching a residence where a person with autism, and/or who have a hearing or visual impairment resides, and who may not be able to recognize approaching traffic. Does your patient have on or more of the following disabilities:

Deafness/hearing impairment ☐ YES ☐ NO Comments: \_\_\_\_\_

Blindness/visual impairment ☐ YES ☐ NO \_\_\_\_\_

Autism ☐ YES ☐ NO \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### TO BE COMPLETED BY MUNICIPAL STAFF:

Application approved by the Director of Physical Services for the Township of Malahide or his/her designate.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 'B'

THE FOLLOWING IS A SAMPLE OF A PERSONS WITH DISABILITY WARNING SIGN. EACH SIGN TAB WILL BE CUSTOMIZED TO THE SPECIFIC DISABILITY



AUTISTIC PERSON  
AREA

BLIND PERSON  
AREA

DEAF PERSON  
AREA

Applicable Tab to be used