

Deputation / Presentation Request

COMMITTEE: Newmarket Accessibility Advisory Committee

DATE OF MEETING : ~~January~~ 2014 February 2014

TITLE: Mobility Plus Appeal Panel Recommendations

1. INDIVIDUAL MAKING THE DEPUTATION

Name: ~~Kim McKinnon & Tina Elbers~~ Tyler Barker

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I prefer to be contacted by: Email

2. NAME OF GROUP OR PERSON(S) BEING REPRESENTED:

Concerned Citizens for Accessibility and Mobility and the Community Legal Clinic of York Region

3. BRIEF STATEMENT OF ISSUE OR PURPOSE OF DEPUTATION:

To advise the AAC of our concerns regarding the proposed changes to the Mobility Plus Appeal Panel outsourcing to private for profit health care provider