



*Updated January 2016*

## Solid Waste Service Medical Exemption Form

The City recognizes that some residents are physically unable to carry a refuse container or bag to the curb, and do not have a friend, relative or neighbor who can regularly perform this task for them. We are happy to collect refuse "at-the-door" at no additional charge for these residents, but must limit this special service to those whose mobility is impaired. This Medical Exemption Form must be completed annually by residents seeking at-the-door solid waste collection service at no additional charge. Please remember to have your physician complete and sign his/her portion of this form (reverse side) to verify your condition. Your signed permission for the physician's verification is also required on this section of the form.

**Please note:** this program no longer includes at-the-door collection of recycling materials. Your options are: **1)** Place recycling materials at the curb on your regular collection day; **2)** Syntero/Northwest Counseling Services will match Medical Exemption customers with a "recycling buddy" volunteer to take your recycling to the curb (call 457-7876); **3)** You can continue to put recycling containers at-the-door, separate to refuse and at no cost, however crews will collect both as refuse; **4)** You can combine your recycling materials with refuse for at-the-door collection, with one Solid Waste sticker affixed per bag or container of refuse.

Yard waste must be placed at the curb (one sticker per container/bag) for pick up on your regular refuse and recycling collection day. Please make sure that whomever assists you with yard maintenance is aware of this requirement, or call Syntero/Northwest Counseling Services, at 457-7876, to request volunteer assistance.

**Please Note:** Residents who seek and qualify for a Medical Exemption are responsible for notifying the City if their service needs change. For example, if you leave your home or are joined at your home by a physically able person, you must notify us immediately. If you fail to do so, you could be held liable for the annual \$150 premium service fee, payable in arrears.

*Please return the completed form to the City's Finance & Administrative Services Department, 3600 Tremont Road by March 1 of each year.*

### Medical Exemption Resident Applicant Information

**PLEASE PRINT**

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

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

HomePhone: \_\_\_\_\_ OtherPhone: \_\_\_\_\_

Are you currently under the care of a physician for a chronic illness or disability which impairs mobility?  Yes  No

Do you need the assistance of an aid in your mobility?  Yes  No  
If Yes, what type?  Wheelchair  Walker  Cane

Are there members of your household who do not have a disability?  Yes  No

Do you have a friend or neighbor who is willing to place your refuse at the curb for you?  Yes  No

What is the status of this Medical Exemption Program application?  New  Renewing

### Affidavit:

I certify that no occupant of the above listed address is physically able to move or place the household refuse, recyclables and/or yard waste generated on these premises to the curb, in accordance with the City of Upper Arlington's codified Ordinance relative to Solid Waste Services and collection (Chapter 935).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Documentation for Exemption Service

The City of Upper Arlington has received a request from a resident who is a patient under your care, applying for Medical Exemption relative to Solid Waste Services. Under this exemption, if granted, the resident will not be required to bring his/her refuse materials to the curb for collection, and will receive "at-the-door" collection service at no additional charge.

When the situation warrants, we are happy to provide at-the-door collection at no additional charge, however we must limit this service to those residents whose mobility is impaired.

We require annual confirmation from the resident's physician that he/she is physically unable to perform these tasks before we can approve the Medical Exemption request. Please complete and sign the form below as indicated. Your cooperation in this matter is greatly appreciated.

---

### Resident Consent

I hereby give consent to my physician to release information to the City of Upper Arlington relative to my physical condition.

Resident Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

### Physician's Certification for Medical Exemption Service

I hereby certify that \_\_\_\_\_ is under my care for the treatment of: \_\_\_\_\_.

As a result of this condition, the patient's physical abilities are impaired, restricting his/her ability to place refuse, recycling and/or yard waste materials at the curb for collection.

Physician's Name (Print): \_\_\_\_\_

Physician's Practice: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Once completed, the resident must return this form in person or by mail to:**

Finance & Administrative Services Department • City of Upper Arlington  
3600 Tremont Road • Upper Arlington, Ohio 43221

**PLEASE COMPLETE A NEW FORM AND RETURN BY MARCH 1 OF EACH YEAR.**

*If you believe you may benefit from additional community support services, please contact our STAY UA Service Coordinator for an appointment, by calling 551-1832.*