

MEDICAL DOCUMENTATION FOR EXEMPTION SERVICE

This is a special service provided to residents who are disabled or physically unable to place their refuse at the designated point of collection.

Many residents inform us they are physically unable to lift or carry a refuse container or bag to the curb or alley line, or they are unable to use the 300- or 90-gallon container placed in their area. In addition, they do not have any available relative, friend or neighbor who can perform this task for them. While we are happy to provide this service, we must limit its availability to those whose mobility is medically and physically impaired.

We request that the resident fill out the questionnaire, and that medical documentation be provided to verify the need of each resident who receives exemption service. Please remember to have your physician sign the medical documentation.

REFUSE COLLECTION DIVISION
EXEMPTION SERVICE QUESTIONNAIRE

(To be completed by the resident)

NAME: _____

CURRENT ADDRESS: _____ ZIP: _____

NEAREST CROSS STREET: _____

PHONE NUMBER: _____ BEST TIME OF DAY TO CALL: _____

AGE: _____ NUMBER LIVING IN HOUSEHOLD: _____

AGES OF ADDITIONAL PERSON (S) LIVING IN HOUSEHOLD: _____

TYPE OF COLLECTION SERVICE USED IN YOUR AREA:

CURB/ALLEY _____ 300-GALLON CONTAINERS _____ 90-GALLON CONTAINERS

WHO ROUTINELY PLACES YOUR REFUSE OUT FOR COLLECTION NOW?

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE FOR A CHRONIC ILLNESS
WHICH IMPAIRS MOBILITY? YES _____ NO _____

DO YOU NEED THE ASSISTANCE OF AN AID IN YOUR MOBILITY? IF YES,
WHAT TYPE: WHEELCHAIR _____ WALKER _____ CANE _____

DO YOU HAVE A FRIEND, NEIGHBOR, OR RELATIVE WHO IS WILLING TO PLACE YOUR
REFUSE AT THE DESIGNATED POINT OF COLLECTION?

YES _____ NO _____

REASON FOR REQUESTING EXEMPTION SERVICE: _____

TODAY'S DATE: _____

PLEASE ATTACH THE MEDICAL CERTIFICATION FORM and send both forms to:

Exemption Service
Refuse Collection Division
2100 Alum Creek Drive
Columbus, OH 43207

THANK YOU!

MEDICAL DOCUMENTATION FOR EXEMPTION SERVICE

The Refuse Collection Division has received a request from a resident who is applying for exemption service. This is a special service provided to residents who are disabled or physically unable to place their refuse at the designated point of collection.

Many residents inform us they are physically unable to lift or carry a refuse container or bag to the curb or alley line, or they are unable to use the 300- or 90-gallon container placed in their area. In addition, they do not have any available relative, friend or neighbor who can perform this task for them. While we are happy to provide this service, we must limit its availability to those whose mobility is medically and physically impaired.

We request that medical documentation be provided to verify the need of each resident who receives exemption service. Please fill out the lower portion of this letter on behalf of your patient who is currently receiving this service. Your cooperation in this matter is greatly appreciated.

I hereby give consent to my physician to release information to the Refuse Collection Division about my condition.

Resident's Name: _____

Resident's Signature: _____

Address: _____

Zip Code: _____

Doctor's Certification for Exemption Service

I hereby certify that _____ is under my care for the treatment of

which impairs mobility and physically restricts the patient from placing their refuse at the designated point of collection.

Physician's Name

Physician's Signature

Date