



## **Solid Waste Service Medical Exemption Form**

The City recognizes that some residents are physically unable to carry a trash container to the curb, and do not have a friend, relative or neighbor who can regularly perform this task for them. The City's Solid Waste Service Provider - Local Waste Services - is happy to collect trash and recycling "at-the-door" at no additional charge for these residents, but must limit this special service to those whose mobility is impaired—specifically, residents with a physical disability that limits or impairs the ability to walk, in accordance with R.C. 4503.44 (A)(1).

This Medical Exemption Form must be completed annually by residents seeking at-the-door trash and recycling collection service at no additional charge. Please remember to have your healthcare provider complete and sign the Medical Documentation for Solid Waste Exemption Service Form to verify your condition. Your signed permission for the healthcare provider's verification is also required on this form.

**Please note:** Local Waste Services will collect trash AND recycling "at-the-door" but yard waste and bulk items will need to be placed at the curb for pick up on your regular collection day. Please make sure that whomever assists you with yard maintenance is aware of this requirement, or call Syntero/Northwest Counseling Services to request volunteer assistance, at 614-457-7876.

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 premium service fee, payable in arrears.

**To assure continued at the door service for the following calendar year,  
please complete and return the Medical Exemption Form overleaf,  
AND a completed Medical Documentation for Exemption Service Form, signed by your  
healthcare provider, to the City's Finance Department by December 21.**



# Solid Waste Service Medical Exemption Form

## Medical Exemption Resident Applicant Information

PLEASE PRINT

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

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Please identify under which mobility-impairment criteria under R.C. 4503.44(A)(1) you are requesting a medical exemption:

- a) Cannot walk 200 feet without stopping to rest.  Yes  No
- b) Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.  Yes  No
- c) Is restricted by a lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest.  Yes  No
- d) Uses portable oxygen.  Yes  No
- e) Has a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or class IV according to standards set by the American Heart Association.  Yes  No
- f) Is severely limited in the ability to walk due to an arthritic, neurological, or orthopedic condition.  Yes  No
- g) Is legally blind, or severely visually impaired.  Yes  No

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: \_\_\_\_\_

**Once completed, the resident must return this form AND a completed Medical Documentation for Exemption Service Form, no later than December 21, in person or by mail to:**

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

Please be advised that this form may be released in response to a public records request.



## **Medical Documentation for Solid Waste 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 trash and recycling 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 as defined by R.C. 4503.44(A)(1). For your reference, R.C. 4503.44(A)(1) lists the following criteria:

- a) *Cannot walk 200 feet without stopping to rest.*
- b) *Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.*
- c) *Is restricted by a lung disease to such an extent that the person’s forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest.*
- d) *Uses portable oxygen.*
- e) *Has a cardiac condition to the extent that the person’s functional limitations are classified in severity as class III or class IV according to standards set by the American Heart Association.*
- f) *Is severely limited in the ability to walk due to an arthritic, neurological, or orthopedic condition.*
- g) *Is legally blind, or severely visually 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.

**Please complete, sign and return the Medical Documentation for Solid Waste Exemption Service overleaf to the patient under your care that is applying for a Medical Exemption relative to Upper Arlington’s Solid Waste Services.**

**Your cooperation in this matter is greatly appreciated.**



## Medical Documentation for Solid Waste Exemption Service

### 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: \_\_\_\_\_

### Healthcare Provider's Certification for Medical Exemption Service

I hereby certify that \_\_\_\_\_ is a person with a disability that limits or impairs the ability to walk and meets the following criteria from R.C. 4503.44(A)(1):

- a) Cannot walk 200 feet without stopping to rest.  Yes  No
- b) Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.  Yes  No
- c) Is restricted by a lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest.  Yes  No
- d) Uses portable oxygen.  Yes  No
- e) Has a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or class IV according to standards set by the American Heart Association.  Yes  No
- f) Is severely limited in the ability to walk due to an arthritic, neurological, or orthopedic condition.  Yes  No
- g) Is legally blind, or severely visually impaired.  Yes  No

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.

Healthcare Provider's Name (Print): \_\_\_\_\_

Healthcare Provider's Practice: \_\_\_\_\_

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

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

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

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3600 Tremont Road • Upper Arlington, Ohio 43221

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