

Application for a Garbage Cart Limit Exemption for Medical Reasons

Please complete and return this form by mail or email to:

Mail: Attention: Waste Exemption
Norfolk County – Waste
Management
12 Gilbertson Drive,
Simcoe, ON N3Y 4N5

Email: waste@norfolkcounty.ca

Please mark correspondence
“confidential”.

This **confidential** application is for households requiring additional, bi-weekly collection of non-hazardous waste generated because of a medical condition. Waste may be combined with the waste collected under the residential curbside limit of one (1) cart collected every other week. To be eligible for a garbage limit exemption, your household must meet the following requirements:

1. Must be a single family home or a dwelling with fewer than 7 units.
2. Must currently receive curbside collection provided by Norfolk County
3. Must be fully participating in the organics and recycling programs each week.
4. Must have a verifiable medical condition that results in the generation of additional unavoidable waste.
5. Must provide a certified health care provider’s signature verifying the medical condition initially, and every five years from the year of the initial application. Applications must be renewed annually in February, but do not require a health care provider’s note, except in year 1, year 6 etc of renewal. See below for more information.
6. Must not be able to accommodate the additional waste generated from diapers within the one (1) cart limit collected every other week.

I confirm and agree to the following:

- My household generates non-hazardous diaper waste as a result of a medical condition that cannot fit within the one (1) cart limit collected every other week.
- My household is fully participating in the organics and recycling programs on a weekly basis.

Applicant Information (person with a medical condition)

Is this a new application or a renewal application?

New

Renewal

Do you require a larger cart size or second cart to accommodate waste needs?

Larger cart Second cart

Applicant's Full Name: _____

Address: _____

Postal Code: _____ Town: _____

Telephone: _____ Email address: _____

If you are unable to complete this form by yourself, please have a delegate fill it out on your behalf and ensure the delegate section is completed.

Delegate Information (if applicable)

You are considered a delegate if you are completing this application on behalf of a resident who requires a garbage exemption due to a medical condition.

I am completing this form on behalf of a resident with a medical condition.

This section is not applicable.

State your relationship to the resident requesting an exemption: _____

Delegate's last name: _____ Delegate's first name: _____

Address: _____

Postal Code: _____ Town: _____

Telephone: _____ Email address: _____

Garbage Carts

If your application is approved, you will be issued a larger replacement cart or an additional garbage cart to accommodate your specific needs. Please see the GP 46-Waste Exemption Policy for further information.

Terms and Conditions

I acknowledge the following:

- This exemption is only required for additional waste, generated as a result of a medical condition, that cannot be disposed of in the regular collection limit collected every other week. This allowance is due to a medical condition only.
- Only non-hazardous medical waste such as adult incontinence products, dialysis tubing, catheters, medical and first aid supplies can be set out for collection and must be bagged.
- The following items must be double bagged before disposal in the garbage:
 - Dialysis waste (ie: filters, disposable towels and sheets)
 - IV bags and tubing, gastric and nasal tubes
 - Soiled dressing, sponges and gauze
 - Catheters
 - Ostomy bags (contents must be emptied prior to disposal)
- Hazardous waste such as sharps, needles, syringes, lancets and pre-filled pens are to be placed into an approved puncture proof container and dropped off at a participating pharmacy or Norfolk County's Household Hazardous Waste events. There is no curbside collection for these items.
- Norfolk County is not responsible for any fees associated with obtaining a health care provider's signature.
- The garbage cart cannot be used by anyone else other than the resident with the medical condition at the noted address.
- If the exemption is no longer required, you must notify Norfolk County.
- You must notify Norfolk County if you move.
- Weekly participation in Norfolk County's organics program and producer-led recycling program are required. Visit www.norfolkcounty.ca/waste to find out more information about the organics program and www.circularmaterials.ca/resident-communities/norfolk-county/ for more information about the recycling program.
- This exemption must be renewed annually in February for continued service. Applicants must reapply two (2) weeks prior to the exemption end date and no reminder will be provided. A medical provider's signature must be obtained in year 1, year 6 and so on.
- Medical verification is required every five years.
- All eligible materials must be at the curb no later than 7 a.m. on your scheduled collection day and must follow the waste management by-law as applicable.
- Garbage bags placed inside the cart must not exceed the lip of the cart.
- I agree that any personal information provided here may be shared with any contractor, officer or third party authorized by the County for waste collection services, in order to provide this service. I understand that this information will not be

shared with any other party and will only be used to contact me regarding my application.

- I consent to the reasonable use and disclosure of the personal information provided herein for the sole purposes to fulfilling the purpose of this exemption where such disclosure and use is necessary to properly discharge the waste management services function and purpose.
- I agree to the terms above and hereby certify that the information provided is true and accurate.

Signature of resident (signature is required for application).

Date (mm-dd-yyyy): _____

Certification of certified health care provider

This section is only required every five years from the year of initial application.

Name of certified health care provider: _____

Address (Office/Employer): _____

Postal Code: _____ Telephone: _____

I certify that the above-named resident's medical condition results in the generation of additional garbage and therefore requires an exemption from the limit of one (1) garbage cart every two weeks.

Signature of certified health care provider:

Date (mm-dd-yyyy): _____

Notice with respect to the collection of personal information

Any personal information submitted will be collected, used and disclosed, where applicable, by members of County staff according to the Municipal Freedom of Information and Protection of Privacy Act or the Personal Health Information Protection Act. Any information you share will only be used for the intended purpose for which it was provided.