



**Operational Services Department**  
The Corporation of the County of Prince Edward  
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## Waste Assistance for Medical Hardships Pilot Program

### APPLICATION FORM

If you have a medical condition that results in extra garbage, you can apply for help disposing of this waste. The pilot program lets eligible County of Prince Edward residents put one extra bag of medical waste at the curb each week for one year. It will be picked up with your regular garbage.

You must provide a signed certification form from a medical practitioner (e.g. physician, personal support worker, home care nurse) with your application.

### Resident Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email (Optional): \_\_\_\_\_

### Important Information

- The first 20 eligible County residents to apply will be selected to participate in the pilot program.
- The pilot program is valid for one year.
- Waste must be placed out during the [regular collection schedule](#). The program does not apply to bags brought to waste disposal sites or transfer stations.
- It is not necessary for the medical practitioner to state the reason why the exemption is necessary on their note.

**This pilot project is the first step in developing a program that meets residents' needs. The municipality will continue to accept applications after the pilot program reaches the 20-person limit. Applicants who are not accepted on the first intake will be considered during future expansions of the program and will not have to re-apply.**

Personal information collected on this form, including your name and address, is collected under the authority and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* MFIPPA. Your personal information will be used by staff of the Corporation of the County of Prince Edward in the necessary administration of the Waste Assistance for Medical Hardships Pilot Program and the County's waste management system.



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### Acknowledgement

- I acknowledge that I will not dispose of hazardous, or non-collectible waste as part of this program (i.e. sharps, needles, bodily fluids, or medication) per By-Law 1621-2005.
- I have attached the completed letter from a medical practitioner verifying the generation of additional waste is due to a medical condition.
- I acknowledge that if selected to participate in the pilot program, waste generated by other people or from other properties may not be disposed of under the exemption.
- I acknowledge the terms of this program and understand that contravention of these terms may result in my expulsion from the program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Received By:		Date and Time Received:	
Selected for Program		Date Bag Tags Received	

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**MEDICAL PRACTITIONER'S CERTIFICATON**

**Medical Practitioner's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

I certify that the following patient's medical condition results in the generation of additional waste which is beyond their control.

**Patient Name:** \_\_\_\_\_

**Medical Practitioner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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