

PROGRAM TO ASSIST DISABLED RESIDENTS WITH CARTS

In order to assist persons with disabilities or those that are physically unable, and who do not have anyone to help them, the City of Onalaska and Harter's Quick Clean-Up have set up a program to help these residents get their recycling and refuse collected.

Qualified residents will have their carts wheeled to the curb and back by the City contracted refuse hauler truck drivers.

TO QUALIFY FOR THE RESIDENTIAL DISABLED ROLL-OUT SERVICE RESIDENTS MUST:

1. Be unable to wheel their carts to the curb for collection.
2. Have no one else who can assist them, such as a spouse or other live-in family member or a personal assistant.
3. Be certified by a licensed Physician (or Optometrist) as needing assistance.
4. Fill out and return the required Residential Disabled Roll-Out Service Application. A Yearly Update form will be sent to you in October of each year; please complete and return by the deadline so the service can continue without interruption.

PARTICIPATION GUIDELINES:

1. On collection day your carts **MUST** be placed where they can be seen from the street.
2. In winter, a path **MUST** be clear of snow and ice so our staff can get the carts to the street and back.
3. The Hauler will not enter any building so the cart must be placed at an outside location

APPLICATION FOR RESIDENTIAL ROLL OUT SERVICE:

Please fill out the Residential Disabled Roll-Out Service Application, have it signed by a Licensed Physician (or Optometrist) and return the application to:

City of Onalaska

Attn: Vicky, Public Works/Engineering Department
415 Main Street
Onalaska, WI 54650

Or fax completed application to 608-781-9506

Many people value living in the City of Onalaska because they can maintain their independence in spite of the physical challenges they face. We want Onalaska residents to know that we will be able to help all of our qualified residents who need assistance with their carts.

APPLICATION FOR RESIDENTIAL DISABLED ROLL-OUT SERVICE

**CITY OF ONALASKA
Onalaska, WI**

APPLICANT INFORMATION *(please print)*

Name: _____
Residential Address: _____
Phone Number: _____

APPLICANT'S VERIFICATION OF DISABILITY AND HOUSEHOLD OCCUPANCY

I, the undersigned applicant, certify that I am _____ Temporarily _____ Permanently disabled and unable to push my recycling/refuse cart(s) to the curb. I also certify that there is no one in my household, in my employ, or providing in-home assistance to me from a third party, that is able to get my carts to the curb.

I understand it is my responsibility to complete and return the Yearly Update form annually for the continuance of the Residential Disabled Roll-Out Service.

I authorize my physician or a License Physician to release any information necessary to verify my disability.

Signature of Applicant Date

DISABILITY STATEMENT

To Be Completed by a Licensed Physician (or Optometrist if Applicant if legally blind)

I, a Licensed Physician (or Optometrist), hereby certify that _____ *(Applicant)* is currently disabled as described below and is unable to get his/her refuse/recycling carts to the curb.

Nature of Disability: _____

I further certify that this disability is:

_____ Temporary in nature (length of disability is from _____ to _____).

_____ Permanent in nature and continuing for the applicants' lifetime.

Name of Physician (or Optometrist) *please print* Hospital/Clinic:

Address Phone

Physician (or Optometrist) Signature Date