

**CONFIDENTIAL**

**APPLICATION FOR FINANCIAL RELIEF & CURBSIDE COLLECTION EXEMPTIONS FOR MEDICAL WASTE**

This application is for Northumberland County Residents who have medical conditions which result in them generating excess amounts of non-hazardous waste requiring disposal.

Please complete **Page 1, 2 and 3** and return to the Manager of Waste Technical Support & Communications by:

**1) Mail:** County of Northumberland, 555 Courthouse Rd., Cobourg, ON, K9A 5J6

**2) E-Mail:** [mccuea@northumberlandcounty.ca](mailto:mccuea@northumberlandcounty.ca)

**Please mark correspondence "Confidential"**

**1. RESIDENT INFORMATION: (please print)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ E-Mail (optional): \_\_\_\_\_

If your application is approved, you will be provided with free bag tags to affix to your extra bags of medical waste. Tags can be picked up from the County of Northumberland's Headquarters Building, located at 555 Courthouse Road., Cobourg, from 8:30 a.m. to 4:30 p.m., Monday through Friday, or the tags can be mailed directly to your home. Please indicate if you would like to pick up the tags, or have them mailed to you:

- Pick up tags

- Tags mailed to your home

***Please note that the County of Northumberland will not be held responsible for tags delayed in the mail or loss of garbage tags (no replacement tags will be issued).***

**2. DESCRIPTION OF WASTE TO BE GENERATED**

Please check the appropriate box to describe the waste which will be generated. If you select "Other" please provide a brief description of the waste.

Empty plastic fluid bags and plastic tubing from at-home dialysis treatment

Incontinence products (e.g. adult disposable undergarments and pads)

Other: \_\_\_\_\_

Please note that the following items **CANNOT** be set out for curbside collection:

- 1. Waste Sharps** (including: needles, syringes, blades and lancets)
- 2. Human Tissue** (excluding: teeth, hair and nails)
- 3. Bodily Fluids** (excluding: urine and feces)

### **3. TYPE OF ASSISTANCE REQUIRED**

Please indicate below the number of bag tags you will require over a 12 month period to assist you with the disposal of the waste generated as a result of your medical condition. The County reserves the right to make a final determination on the number of bag tags issued.

I will require:

26 bag tags over a 12 month period

52 bag tags over a 12 month period

Other: (please specify number required) \_\_\_\_\_

The County allows residents who are eligible to receive curbside collection provided by the County, to place up to three (3) bags or containers of garbage out for collection on a weekly basis. If you will need to place more than three (3) bags or containers of waste out on a weekly basis, please indicate below how many bags or containers you will need to place out on a weekly basis.

The maximum number of bags or containers of garbage (including medical waste and residential waste) that I will place out for curbside collection on a weekly basis will be \_\_\_\_\_ bags or containers.

### **4. TERMS AND CONDITIONS**

I acknowledge that this allowance is for medical waste only, and that no other waste will be placed in the bag / container

The tags provided to me by the County are for use by the above-noted resident only and cannot be transferred or re-sold.

I also acknowledge that participation in the County of Northumberland's Recycle Clean Program is required under the Waste Management By-Law, and agree to fully participate in this program if allotted a weekly garbage bag / container limit increase.

This application must be renewed annually and a doctor's signature obtained every three years.

I hereby certify that the information provided is true and accurate

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**5. CERTIFICATION BY PHYSICIAN (required every three years from the initial application)**

Physician Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

This is to certify that the above named resident's medical condition results in the generation of additional garbage, and therefore will require exemption from the weekly garbage bag / container limit.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Notice with Respect to the Collection of Personal Information**

Personal Information and Personal Health Information requested on this form is collected as a necessary part of the administration of waste management collection services by the County of Northumberland pursuant to its legal authority set out in the Municipal Act, 2001. Collection, use and confidentiality of the personal (health) information will be according to the standards in the Municipal Freedom of Information and Protection of Privacy Act or the Personal Health Information Act, 2004, and the information will be used for the purpose of verification of eligibility for specialized set out service programming only.

**For Further inquiries about the handling of your personal information, please contact:**

The County of Northumberland, Manager of Waste Technical Support and Communications, 555 Courthouse Road, Cobourg, ON K9A 4J6, (905) 372-3329 ext. 2299.

**Please keep this Page for your records**

1. If your application is approved, you may place up to \_\_\_\_ bags / containers of waste out for curbside collection, provided that no more than three (3) of the bags / containers contain normal household waste.
2. Each bag / container of waste set out for curbside collection must have a valid bag tag affixed to it.
3. The bag tags provided to the applicant are for use by the above-noted resident and are not to be transferred or sold.
4. All materials (garbage and recyclables) must be at the curb no later than 7 a.m. on your scheduled pick up day.
5. Participation in the County of Northumberland's Recycle Clean program is required under the Waste Management By-law
6. This application must be completed annually on the anniversary date for continued service. A renewal form will be sent to you prior to the expiry of this service. A physician's signature will only be required every three years. Please note below the application date for your records.

Date of Application: \_\_\_\_\_

7. Certification by a physician is required every three years, please note the date of physician certification below for your records.

Date of Physician Certification: \_\_\_\_\_