

## **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 Tomah has set up a program to help those residents get their recycling collected.

Qualified residents will have their carts wheeled to the curb and back by the City of Tomah recycling personnel.

#### **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 care provider.
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. This requires an annual renewal so 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 City of Tomah 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 Tomah

Attn: Public Works Department

819 Superior Ave

Tomah, WI 54660

**Application for  
Residential Disabled Roll-Out Service**

**City of Tomah**

**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 permanently disabled and unable to wheel my recycling cart to the curb. I also certify that there is no one in my household, in my employment, or providing in-home assistance to me from a third party, that is able to wheel my cart to the curb.

I understand it is my responsibility to complete and return this application yearly for the continuance of the Residential Disabled Roll-Out Service.

I authorize my licensed Physician or Optometrist 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 is 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 recycling cart to the curb.

Nature of Disability: \_\_\_\_\_

I further certify that this disability is:

\_\_\_\_\_ Permanent in nature and continuing for the applicant's lifetime.

\_\_\_\_\_

Name of Physician or Optometrist

\_\_\_\_\_

Hospital/Clinic:

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

\_\_\_\_\_

Physician or Optometrist Signature

\_\_\_\_\_

Date