



Ferris Containers

Application for Residential Collection Assistance

Applying for the first time

Renewing existing status

Description of Collection Assistance:

This service is offered to residents who are physically or visually impaired and who do not have any help in their household or capability to physically place their cart/bin at the curb for weekly pick-up. The application shall contain the following:

- (1) A statement signed by a medical care provider (doctor) who can verify that the applicant suffers from a disability. Or any official notice that indicates disability or injury.
- (2) Application filled out by resident or with resident's information.
- (3) Indication of how long the duration will be of Ferris Containers assisting in the resident's trash pick-up.

Once the application is accepted and granted, the applicant's cart will be placed at an approved location on the resident's scheduled pick-up days.

Terms and Conditions:

- Residential garbage collection will be collected on the resident's scheduled service day.
- Applicants with a temporary disability will be removed from collection assistance at the end of their disability term.
- The applicant must have garbage and cart accessible for collection assistance.
- Applicants may be subject to audits to verify eligibility.
- Ferris Containers has the authority to terminate service upon a reasonable cause. After termination, the applicant is subject to resume to regular residential collection service.

Section 1: Applicant must complete section below:

Applicant's Name: _____

DOB: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell: _____ Work: _____

Home Email: _____

Account Number: _____

Nature of disability: _____

Section 2: Applicant verification of disability

This section is to be completed by the resident/applicant:

Check one: *I, the applicant, acknowledge that I am temporarily or permanently disabled, and I am unable to carry my residential cart to my designated pick-up location. I also verify that there is no one in my household that can carry my cart to the pick-up location.*

This is for the allotted time of _____ to _____

Or indefinitely

I understand that it is my responsibility to re-submit this form annually, from the date of approval, to continuing the collection assistance with Ferris Containers.

I hereby authorize my healthcare provider to release my medical information included on this application to my utility, to assist with the review, approval, and processing of this request.

I also verify that I live at the address listed above, in Section 1, and that all information provided is accurate. If I meet the conditions for the collection assistance, I also agree to notify Ferris Containers when this medical status is no longer necessary.

Signature: _____

Date: _____

Resident/Applicant/Legal Guardian/Power of Attorney