



Refuse Collection Assistance For Seniors or Residents with Physical Disabilities

For the 2016/2017 Year

ELIGIBILITY REQUIREMENTS

The **Town of Peace River** in partnership with **Green For Life (GFL)** provides refuse collection assistance for senior citizens and for physically disabled residents.

To qualify, the applicant must meet the following criteria:

1. Own or rent the property and **MUST** reside in the property on which the application is made.
2. Be 65 years of age or more at the date of the application **OR** be confined to a wheelchair, restricted to the use of crutches or braces, or otherwise be disabled in such a way as to restrict physical mobility.
3. Not have any able bodied persons under the age of 65 residing at this property.
4. Not live in a condominium dwelling where all refuse collection is the direct responsibility of the condominium corporation.

Medical Information

The physically disabled applicant (under 65) must provide medical proof from a Canadian Regulated Health Practitioner using the attached medical form on page 4.

If you meet all four (4) criteria listed above, fill out the application form and drop it off at the Town Office or send it to:

**Town of Peace River
Engineering and Infrastructure Department
Box 6600, Peace River, AB, T8S 1S4**



TOWN OF
PEACE RIVER
ALBERTA

Application for Refuse Collection Assistance For Seniors or Residents with Physical Disabilities

For the 2016/2017 Year

See requirements on page 1. The completed application must be returned to the Town of Peace River – Engineering and Infrastructure Department, Box 6600, Peace River, AB – T8S 1S4. Fax # – 780-624-4664.

Applicant Information (incomplete applications will not be processed)		
Applicant Name:		
Property Address:		Phone Number:
<p>Are there any able bodied persons under the age of 65 residing at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a senior citizen (65 years or older)? Your date of birth _____ <u>OR</u> <input type="checkbox"/> Are you physically disabled? Return the completed Medical Form.</p>		
Proof of senior status or disability must accompany application.		

Declaration:

I wish to apply for the Refuse Collection Assistance and I hereby certify that:

- I own and/ or rent the property described in this application and it is my primary residence.
- I am 65 (sixty five) years of age or older **OR** I am physically disabled with a medical condition.
- There are no able bodied persons under the age of 65 residing at this residence.
- This property is not a condominium dwelling where all refuse collection is the direct responsibility of the condominium corporation.
- I understand and agree that this is a volunteer program. The Town of Peace River and GFL is **NOT** liable for any property damage including residential driveways. Therefore **NO** actions will be taken against the above mentioned.
- I understand that GFL will not enter a premises with a gate or fence and the approved refuse container will need to be located outside of such barriers.
- I agree my name, address and phone contact will be shared with By-law and GFL.
- I am aware that if my approved refuse container is not at the specified location it will not be collected.
- I am aware that GFL is not responsible for snow removal around the approved refuse container.
- I understand that I must keep all pets confined or on a leash to allow GFL to collect on my property and failure to do so may result in my refuse not being collected.

I understand the qualifying terms and conditions as outlined above.

Signature of Applicant:

Print Name:

Dated

PLEASE ALLOW 5 WORKING DAYS FOR THE APPLICATION TO BE PROCESSED. YOU WILL BE CONTACTED ONCE COMPLETED. ALL INFORMATION COLLECTED WILL BE KEPT STRICTLY CONFIDENTIAL

For office use only:		Documentation verified by staff:	
		Type:	
		Staff Initial:	
Applicant Approved <input type="checkbox"/>	Circle one: Permanent Annual	Applicant Declined <input type="checkbox"/>	
Reason for declining applicant:			
Town of Peace River Representative Signature			

Applicant Contacted:

Added to Client List:

Personal information contained in this form is collected under the Freedom of Information and Protection of Privacy Act, and will be used only for purpose for which it was collected. If you have any questions about the collection and use of this information, contact Town Of Peace River at (780)624-2574.

Town of Peace River
Engineering and Infrastructure
9911-100 Street, Peace River, T8S 1S4
Phone: 780-624-2574 Fax: 780-624-4664



TOWN OF
PEACE RIVER
ALBERTA

Application for Refuse Collection Assistance For Residents with Physical Disabilities

MEDICAL FORM

For The 2016/2017 Year

MEDICAL PROOF REQUIRED FOR APPLICANTS UNDER 65 YEARS OF AGE

Medical Information

Medical Information must be filled out by a Canadian Regulated Health Practitioner. A licensed physician, chiropractor, physiotherapist or occupational therapist may certify the applicant's condition on this application.

Eligibility Requirements

To be confined to a wheelchair, restricted to the use of crutches or braces, or otherwise be disabled in such a way as to restrict physical mobility.

Medical Certification

I hereby certify that the applicant, _____ has a disabling condition and meets the necessary eligibility requirements as listed above.

Signature of Regulated Health Practitioner _____

Dated: _____, 20____ Telephone Contact _____

Please Print or Stamp

Name and Address of Regulated
Health Practitioner

Additional Comments (optional)

Ensure you keep a copy for your records.