



Special Support Program

Garbage Bag Tags due to Medical Circumstances

Application Form

This application is for Greater Sudbury households which may need to set out more than the approved garbage bag/container limit due to medical circumstances (e.g. incontinence products, unrecyclable medical packaging etc.).

You may qualify for special garbage bag tags if you currently receive and are eligible for residential roadside garbage collection services from the City of Greater Sudbury. You must also participate in the City's waste diversion and recycling programs as detailed below. If the application is approved, you will be provided a maximum of 104 special bag tags. In addition, you may enroll to receive collection of tagged bags only on the week without regularly scheduled garbage collection.

This initial application must be supported by a completed Regulated Health Care Professionals Form (see page 3). For renewal applications, a Regulated Health Care Professional Form will only be required every three (3) years after the initial application in order to continue qualifying.

Residents not wishing to participate in this program could either purchase garbage bag tags or deliver their extra waste directly to the landfill site. You will be contacted at the email address or phone number provided on the form when the application is approved, denied or more information is required. Allow at least 2 weeks for your application to be processed.

You may reapply to receive tags every 12 months if the exemption continues to be required.

APPLICANT INFORMATION *(Please print)*

First Name: _____ Last Name: _____

Street Address: _____

Town/City: _____ Postal Code: _____

Collection Location Address (if different from mailing address):

Telephone Number: _____ Email address: _____

Number of Special Garbage Bag Tags requested (max 104): _____

This application is: ☐ New ☐ Renewal

Please select a pick up or delivery option:

- ☐ I will pick up the tags (Please note that the City will contact you when the tags are ready).
☐ Please mail the tags (Please note that the City will not be responsible for tags delayed or lost in the mail).

SECONDARY CONTACT INFORMATION, IF APPLICABLE

Fill out this section if a family member or aide is acting as the main contact person on behalf of the applicant.

First Name: _____ Last Name: _____

Telephone Number: _____ Email address: _____

COLLECTION SERVICE OPTION *(Please choose only one option below)*

- ☐ I would like to enroll in the collection of my tagged bags **every other week** on my regularly scheduled garbage collection day only.
- ☐ I would like to enroll in the collection of my tagged bags **every week** on my regularly scheduled collection day.
- Unlimited tagged bags will be collected on your regularly scheduled garbage collection day every other week.
 - Unlimited tagged bags will also be collected on your regularly scheduled collection day on the week without garbage collection.

Please note that the special collection is not advertised on the Waste Wise collection schedule and you will be responsible for placing your tagged bags only at the roadside by 7:00 a.m. on the week without regularly scheduled garbage collection.



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PERMANENT DISABILITY NOTIFICATION

If the medical condition is deemed permanent by the regulated health care professional, a Regulated Health Care Professional Form is required only once every seven (7) years after the initial application. All other terms and conditions must be adhered to in their entirety, including the requirement of submitting an annual re-application to receive special bag tags.

TERMS AND CONDITIONS *(Check circle icons to agree)*

- ☐ I agree that these special garbage bag tags will only be used for medical waste due to a medical circumstance at the collection address listed above, that the special garbage bag tag will be affixed to the garbage bag/container as instructed and that the garbage bag/container will not exceed 18 kg (40 lbs.) in weight.
- ☐ I acknowledge that a member of the household requires assistance due to medical circumstances and that special garbage bag tags are to be used to relieve this pressure. No hazardous materials will be placed out for collection.
- ☐ I also acknowledge that participation in Greater Sudbury's Blue Box Recycling, Green Cart Organic, and the Leaf & Yard Trimming Collection programs are mandatory in order to receive these special bag tags and I agree to fully participate in these programs. I understand that the exemption will be terminated if I do not participate in these programs.
- ☐ I consent to the disclosure of the fact that my household qualifies for these special garbage bag tags to the City of Greater Sudbury and third party waste collection crews.
- ☐ I agree and I have enclosed a completed Regulated Health Care Professional form that indicates that assistance is required and I consent to the City contacting them regarding my eligibility to the program. It is not necessary to state the reason why the exemption is necessary on the note. The medical note will not be retained by the City.
- ☐ I agree to notify the City if I no longer require the special garbage bag tags or if I move.
- ☐ I acknowledge that this support program will be terminated if I do not meet the requirements of the program or if I fail to comply with program requirements.

Please Note:

- If the application is approved, you will be provided special garbage bag tags and instructions on their use.
- You are required to return the special garbage bag tags if no longer required.
- You are required to notify the City if you move.
- The special garbage tags are for use by the above noted applicant only and cannot be transferred or sold.
- If necessary, please report any service issues to City Services at 3-1-1
- Information on the City's waste diversion and recycling programs is available on our website at www.greatersudbury.ca/wastemanagement, on our Waste Wise Greater Sudbury app or can be provided upon request by calling City Services at 3-1-1.

I declare that the information provided is true and accurate and I agree to the terms and conditions specified herein.

Applicant Signature

Date

This application can either be:

- 1) Mailed or hand delivered to:
The City of Greater Sudbury
c/o Environmental services
1805 Frobisher Street, Sudbury, ON P3A 6C8.
- 2) Emailed to: supportprogram@greatersudbury.ca

Please keep a copy of this application for your records.

COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Personal information on this form is collected under the authority of section 10 of the *Municipal Act, 2001* for the purposes of waste collection services with the City of Greater Sudbury programs. By signing this application, you indicate your consent to the City contacting you to collect information and/or proof regarding this application and to the terms and conditions noted in the application.

Questions relating to the collection, use and disclosure of this information can be directed to the Manager of Collection and Recycling, City of Greater Sudbury, P.O. Box 5000, Stn. A, 200 Brady Street, Sudbury, ON, P3A 5P3 or by telephoning 3-1-1.

FOR INTERNAL USE ONLY							
DATE RECEIVED (MM/DD/YYYY)			DATE PROCESSED (MM/DD/YYYY)			APPLICATION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED, by	
						PRINT	SIGNATURE
START DATE OF PROGRAM						END DATE OF PROGRAM	



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Regulated Health Care Professional Form

The application for garbage bag tags due to medical circumstances must be accompanied by this form. It must be signed and dated by a regulated health care professional (e.g. doctor, home care nurse, personal support worker, registered nurse or nurse practitioner)

that acknowledges and certifies that the applicant generates medical waste in excess to the approved garbage limit due to a medical circumstance and that the waste is unrecyclable, non-hazardous and non-pathological medical waste.

REGULATED HEALTH CARE PROFESSIONAL CONFIRMATION *(Please print)*

This patient has indicated that they have a medical circumstance that causes them to produce medical waste that is unrecyclable, non-hazardous and non-pathological and will result in the need to set out more than the approved garbage limit. This application requires the support of a regulated health care professional.

I, _____
(NAME OF HEALTH CARE PROFESSIONAL)

certify that _____'s medical
(PATIENT'S NAME)

circumstance results in the generation of unrecyclable, non-hazardous and non-pathological medical waste (e.g. incontinence products, unrecyclable packaging etc.), and requires an exemption from the approved garbage limit.

Health Care Professional Signature

Telephone Number

Date

PERMANENT DISABILITY NOTIFICATION

Please complete this section if the patient's medical circumstance is deemed permanent.

☐ I certify that the medical circumstance which causes this patient's generation of medical waste is a permanent disability.

Health Care Professional Signature

Please Note:

- This application is for residents with a medical circumstance that causes the generation of medical waste in excess of the approved garbage limit.
- The medical waste must be unrecyclable, non-hazardous and non-pathological.
- The following items require special disposal and cannot be set out for curbside collection: Unused/Expired medication and Sharps (i.e. needles, syringes, blades and lancets).