



APPLICATION FOR EXEMPTION FROM CURBSIDE SOLID WASTE COLLECTION

CONDITIONS AND INSTRUCTIONS

The City of Canandaigua will provide an exemption from curbside collection of solid waste and recyclables for any household in which all residents, ages 12 and above, meet the definition of being a qualified individual with a disability as defined in the Americans with Disabilities Act.

A qualified individual with a disability is any person who meets the following criteria:

1. He/She has one or more of the following physical or mental impairments:
 - a. Any physiological disorder or condition, cosmetic disfigurements, or anatomical loss that affects one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, or skin and endocrine; and/or
 - b. Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness and any specific learning disabilities; and/or
 - c. Any contagious or noncontagious diseases or condition, such as orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

AND

2. Any such physical or mental impairment that he/she has must substantially limit one or more of his/her major life function such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.

If you meet these criteria, please complete the upper section of the application on the back of this form. Then have your doctor complete the lower section of the application. Once the application is complete, return it to the following address:

**ADA Coordinator
City of Canandaigua
205 Saltonstall Street
Canandaigua, NY 14424**

Applicant's Name: _____

Address: _____

Phone: _____ (Home) _____ (Work)

I am applying for a permanent/temporary exemption (Circle applicable type of exemption).

If temporary, for what duration? _____ to _____.

Do all residents in your household meet the definition of being a qualified individual with a disability as defined in the Americans With Disabilities Act? (Circle Answer) YES NO

I certify that I meet the criteria of a qualified individual with a disability as defined on the first page of this form.

Applicant's Signature

Date

MEDICAL CERTIFICATION

Physician's Name: _____

Physicians Address: _____

Physician's Phone: _____ Professional License No. _____

Please respond to each of the following:

1. The applicant has a physiological disorder or condition, cosmetic disfigurements, or anatomical loss that affects one or more of the following body systems (Check All That Apply)

- Neurological
- Musculoskeletal
- Respiratory (including speech organs)
- Cardiovascular
- Reproductive
- Digestive
- Genitourinary
- Hemic and Lymphatic
- Skin and Endocrine
- Special Sense Organs
- None of the Above

2. The applicant has one or more mental or psychological disorder(s) or conditions (Check All That Apply)

- Mental Retardation
- Organic Brain Syndrome
- Emotional or Mental Illness
- Learning Disabilities
- None of the Above

3. contagious or noncontagious diseases or condition

- Orthopedic Impairment
- Cerebral Palsy
- Epilepsy
- Muscular Dystrophy
- Multiple Sclerosis
- Cancer
- Heart Disease
- Diabetes
- Emotional Illness
- Drug Addiction
- Specific Learning Disabilities
- HIV Disease
- Tuberculosis
- Alcoholism
- None of the Above

4. Please identify the life functions that the applicant's impairment substantially limits

- Caring for one's self
- Performing manual tasks
- Walking
- Seeing
- Hearing
- Speaking
- Breathing
- Learning
- Working
- Other _____
- None of the Above

5. Is there any additional information that should be considered as this application is reviewed? If so, please explain. _____

6. Is the impairment identified above temporary? (Circle Answer) YES NO

If temporary, indicate recovery date: _____

Physicians' Signature

Date