



Solid Waste Management
1225 E. Marietta Ave.
Spokane, WA 99207
(509) 625-7878 phone
(509) 343-9652 fax

CITY OF SPOKANE SOLID WASTE MANAGEMENT
MEDICAL PACKOUT ASSISTANCE REQUEST FORM

Dear Customer: If you are elderly or disabled, you may qualify for Solid Waste Medical Assistance Service under our Solid Waste Ordinance. Please have this form filled out by your Health Care Professional and return to us. You may either fax or mail it in to the address listed above. Call with any questions. THANKS!

SMC 13.02.0332; Assistance to Elderly and/or Disabled Individuals:
 Elderly or disabled residents who are unable to place their containers and have no other available resources to comply with the requirements of this chapter for setting out containers for collection pick-up may request free assistance from the department, upon a proper showing of need. Such individuals are responsible for providing proof of disability as recognized by the State of Washington, in Chapter 308-96B Washington Administrative.

FORM BELOW TO BE FILLED OUT BY HEALTH CARE PROFESSIONAL¹ & RETURNED TO THE CITY

Name of Patient: _____

Phone Number: _____

Solid Waste Service Address: _____

Please check one of the following:

- Patient needs assistance with garbage all of the time.
- Patient needs assistance with garbage temporarily due to illness or injury.
 Discontinue after _____ (date).
- Patient needs assistance with garbage only during the winter and poor weather conditions.

Desired refuse can location on property (patio, front porch, etc.): _____

Comments: _____

Name of Healthcare Establishment: _____

Phone Number: _____ Address: _____

I certify that this patient needs assistance in getting their garbage out for collection by the City.

 (Signature & Title)

 (Date)

¹ Chiropractor (DC), naturopath (ND), physician or surgeon (MD or DO), podiatrist (DPM), advanced registered nurse practitioner (ARNP). Does not include persons licensed in the professions of dentistry and optometry

State of Washington, Chapter 308-96B Washington Administrative Code.
WAC 308-96B-020

General provisions:

- (a) Cannot walk two hundred feet without stopping to rest;
- (b) Are severely limited in ability to walk due to arthritic, neurological, or orthopedic condition;
- (c) Have such a severe disability that you cannot walk without the use of or assistance from a brace, cane, another person, prosthetic device, wheelchair, or other assistive device;
- (d) Use portable oxygen;
- (e) Are restricted by lung disease to such an extent that forced expiratory respiratory volume, when measured by spirometry, is less than one liter per second or the arterial oxygen tension is less than sixty mm/hg on room air at rest;
- (f) Are impaired by cardiovascular disease or cardiac condition to the extent that your functional limitations are classified as class III or IV under standards accepted by the American Heart Association;
- (g) Have a disability resulting from an acute sensitivity to automobile emissions which limits or impairs your ability to walk. Your personal physician as described in WAC [308-96B-010\(4\)](#) must document that your disability is comparable in severity to the others listed in this subsection; or
- (h) Is legally blind and has limited mobility.