

APPLICATION FOR SET OUT/SET BACK ASSISTANCE

Set Out/Set Back Assistance is provided by collection crews entering the property to move solid waste receptacles to the curb for collection and return them to the property where applicable.

l,	am the Occupant of property located at
to the	m physically challenged to the extent that I cannot move the collection receptacles collection point and do not have an able-bodied person to provide this service. I y apply for this service and agree to the following conditions:
1.	Wheelie Bins will be freely accessible and not be placed inside buildings or a gated area.
2.	If an able-bodied person becomes available prior to the expiry of an approval, I
3.	will notify the Association immediately and this service will no longer be available. The Association is not responsible for any damage to private property resulting from the executing of this service.
4.	The Occupant authorizes the collection crew to enter the premises to provide the required service in this application.
What i	s the nature of the disability?
Is the	disability permanent?yesno.
If no, v	what is expected date of recovery?
Signat	rure:Date:
Please	e fax completed form(s) to 519-228-6656 or email to info@bra.org
Approv	ved by:
Date A	Approved:



PHYSICIANS DISABILITY FORM FOR SET OUT/SET BACK ASSISTANCE

To be completed by the	e attending physician.			
Patient's Name:				
Date of Birth mm/dd/yy	(last) _	(first)		
Address				
Is the patient permane extensive physical ass		ged or permanently disabled and requ no	ires	
Extensive Physical Assistance means extensive supervision and care which is necessary in order to perform the functions of daily living in the home such as preparation of meals, personal care and hygiene and does not include: a) assistance and supervision provided by a family member, b) assistance with activities outside the home, c) home care provided by a provincial health care or social services government or government funded agency, including but not limited to caregivers, or d) assistance with home repairs and maintenance or yard work.				
Please describe in deta	ail the assistance the p	oatient requires.		
Does the patient requir	e a caregiver in the ho	ome? yes no		
Caregiver means a pe	rson who provides ext	tensive physical assistance for a fee		
Physician's Signature_		Date		
		56 or email to info@bra.org		