

**I am applying for the following types of Written Medical Certification:**

Water Service  Waste Container Assistance (Temporary)  Waste Container Assistance (Permanent)  Alley Plowing Assistance

A Written Medical Certification for Water Service, Waste Container Assistance, or Alley Plowing Assistance must be made by a licensed physician. If you have any questions, please call Public Works at 309-434-2225. Please ask your physician to complete this form and submit it with a cover letter on official letterhead using one of the following methods:

**Mail:** City of Bloomington, Public Works, PO Box 3157, Bloomington, IL 61702

**Fax:** 309-434-2201

**E-mail:** [publicworks@cityblm.org](mailto:publicworks@cityblm.org)

**To be filled out by applicant:**

Utility Account Holder Name	Utility Account Number
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Resident Name
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Resident Utility Service Address	Resident Phone Number
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City	State	Zip Code
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By signing this document I certify that the above information is accurate to the best of my knowledge and that I have read and agree to the General Provisions, Water Service Written Medical Certification Special Provisions, Waste Container Assistance Written Medical Certification Special Provisions, and Alley Plowing Assistance Written Medical Certification Special Provisions listed in this document.

Resident Signature	Date
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**To be filled out by Licensed Physician**

Does the patient (listed as Resident) reside at the above address?  Yes  No

Licensed Physician Name
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Office Address	Office Phone Number
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City	State	Zip Code
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*Please check all that apply:*

By signing this document I certify that the patient residing at the above address requires the use of potable water service at all times. In addition, the loss of potable water service will aggravate an existing medical emergency or create a medical emergency for the patient.

By signing this document, I certify that the above individual is unable to and should not move the garbage cart and recycling cart to the curb for medical reasons. I have checked the correct status – either permanent or temporary (up to 6 months). If temporary, I have indicated how long the customer will need to utilize the service.  
 Permanent  Temporary (Until Date): \_\_\_\_\_

By signing this document, I certify that the above individual is unable to and should not remove snow from the public alley adjacent to their home to exit and access a public street for medical reasons.

Licensed Physician Signature	Date
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**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Customer Contacted: \_\_\_\_\_ Collection Day: \_\_\_\_\_ Date of Site Visit: \_\_\_\_\_ Cover letter on letterhead?  Y  N

Alley Location: \_\_\_\_\_

Approved  Not Approved (Reason): \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## GENERAL PROVISIONS

**METHOD OF CERTIFICATION:** A Written Medical Certification must be submitted on the form approved by the Public Works Department with a cover letter on official letterhead from a licensed physician. See special provisions below for additional information.

**DENIAL OR REVOCATION:** A Written Medical Certification or an Initial Medical Certification can be revoked at any time if it is determined by Public Works that the certified person no longer qualifies for assistance. A Written Medical Certification must be submitted on the current form and must include all required information and documentation. Forms that are non-compliant may be denied by Public Works.

**DEFINITIONS:** Alley Plowing Assistance: Once a residence qualifies for Alley Plowing Assistance, Public Works will plow a public alley adjacent to a resident's property that would be required for their mode of transportation to exit and access a public street, but, in accordance with citywide policies, only after two or more inches of snow have fallen.

Waste Container Assistance: Once a residence qualifies for Waste Container Assistance, Public Works will move garbage and/or recycling carts from a location visible from the street to the curb to collect garbage and/or recycling and then move garbage and/or recycling carts back to the same location visible from the street.

Initial Medical Request: When a resident with a medical need to keep water turned on calls Public Works, during regular business hours, to notify the department of their need.

Initial Medical Certification: When a licensed physician calls to notify Public Works that the licensed physician is preparing a Written Medical Certification.

Written Medical Certification: The written form provided by Public Works and completed by a licensed physician that provides evidence that a resident has a medical need for Water Service, Waste Container Assistance, or Alley Plowing Assistance (submitted by mail, fax, or e-mail).

### WATER SERVICE MEDICAL CERTIFICATION SPECIAL PROVISIONS

**METHOD OF CERTIFICATION:** When water is turned off, a resident may make an Initial Medical Request to expedite turning water back on while the required information and documentation is gathered. Once the Initial Medical Request is made, Public Works will turn the water back on for a maximum of two (2) business days. The resident has a maximum of a two (2) business day grace period from the day water is turned back on, after an Initial Medical Request, to submit either (a) an Initial Medical Certification or (b) Written Medical Certification.

- (a) If an Initial Medical Certification is made by a licensed physician during the two (2) business day grace period, the resident shall have seven (7) calendar days after the Initial Medical Certification is made to provide the Written Medical Certification.
- (b) If a Written Medical Certification is submitted during the two (2) business day grace period, Public Works will keep water turned on until a determination is made on the validity and compliance of the Written Medical Certification.

If neither (a) nor (b) are submitted within two (2) business days, Public Works will turn the water back off until the resident with a medical need provides (a) or (b), or until sufficient payment is made.

**CERTIFICATION CONTENT:** Name and contact information for the certifying party; service address and name of patient; a statement that the patient resides at the premises in question; and, a statement that the disconnection of utility service will aggravate an existing medical emergency or create a medical emergency for the patient.

**CERTIFICATION TIMING:** A Written Medical Certification presented up to fourteen (14) calendar days after water service disconnection entitles a residential customer to receive a medical payment arrangement term. Additional details are available by calling 309-434-2426, Option 1.

**DURATION OF CERTIFICATION:** The approved Written Medical Certification shall protect the account from disconnection for sixty (60) calendar days after the Written Medical Certification is signed. If the customer was disconnected prior to certification, the sixty (60) day period does not begin until the City restores the customer's service.

**NEW CERTIFICATION OF PREVIOUSLY-CERTIFIED ACCOUNTS:** Accounts that received a prior valid Written Medical Certification shall be eligible for a new Written Medical Certification any time after either: The total account balance has been brought current; or twelve (12) months from the beginning date of the prior Written Medical Certification has passed.

### WASTE CONTAINER ASSISTANCE WRITTEN MEDICAL CERTIFICATION SPECIAL PROVISIONS

**METHOD OF CERTIFICATION:** Once Written Medical Certification is provided, Waste Container Assistance shall be established within (7) business days following receipt of the valid Written Medical Certification.

**DURATION OF CERTIFICATION:** A Written Medical Certification for Permanent Waste Container Assistance shall be valid until the next June 30 that succeeds the application date. Applicants must re-apply on or after July 1 of each year to retain Permanent Waste Container Assistance. A Written Medical Certification for Temporary Waste Container Assistance shall be valid until the date specified by the Licensed Physician, but the date must be within six (6) months after the Written Medical Certification is signed. In order to retain Temporary Waste Container Assistance, applicants must re-apply when the date specified by the licensed physician passes.

**AFFIRMATION OF LACK OF ASSISTANCE WITHIN RESIDENCE:** Applicants affirm that they are unable to move their garbage and recycling containers to the curb and that no person resides within the home who could move their garbage and recycling containers to the curb.

**WASTE CONTAINER PLACEMENT:** A resident using this program must place waste containers outside of any structure on the property, but containers must be visible from the street so that staff can access the containers without losing sight of the waste collection vehicle. Carts will be returned to the same location upon completion of the pickup.

### ALLEY PLOWING ASSISTANCE WRITTEN MEDICAL CERTIFICATION SPECIAL PROVISIONS

**METHOD OF CERTIFICATION:** Once Written Medical Certification is provided, Alley Plowing Assistance shall be established within (7) business days following receipt of the valid Written Medical Certification.

**DURATION OF CERTIFICATION:** A Written Medical Certification for Alley Plowing Assistance shall be valid until the next June 30 that succeeds the application date. Applicants must re-apply on or after July 1 of each year to retain Alley Plowing Assistance.

**AFFIRMATION OF LACK OF ASSISTANCE WITHIN RESIDENCE:** Applicants affirm that they are unable to move remove snow from the alley adjacent to their property that would be required for their mode of transportation to exit and access a public street that no person resides within the home who could remove snow from the stated alley.