



Assisted Collection Services Program Policy

Page 1 of 3

Revision #

Implementation Date 10/3/2024

Last Reviewed/
Update Date 10/3/2024

Resolution # 32098

1. Purpose

Residents who are unable to meet the requirements of Marion Code Section 268-5(B), relating to the placement of garbage and recycling carts at the curb, due to a physical disability or impairment, may qualify for the Assisted Collection Services Program. This program allows for one City-issued garbage cart and one recycling cart to be collected from and returned to an agreed-upon storage location. Yard waste carts are excluded from this program and will continue to be collected at the curbside only.

2. Resident Eligibility and Requirements

- A. The resident must complete and submit an *Assisted Collection Services Program Verification Form*.
 - a. Resident must provide their name, service address, phone, email, Marion Water Dept. utility account number and their preferred communication method.
 - b. Resident must obtain their physician's signature. The physician must verify that the resident is physically unable to transport their garbage and recycling carts to the curb for collection due to a permanent or temporary disability or health issue.
- B. The resident does not have anybody living or working at their residence who is capable of transporting garbage and recycling carts to the curb.
- C. The resident agrees that upon approval, their application is subject to an annual review and the service may be terminated if the above conditions no longer apply.
- D. If the resident no longer needs assisted services or ceases to live in the home receiving assisted services, they agree to notify Public Works, and if moving out, agree to leave the City-issued carts, in clean condition, with the residence.
- E. Residents who currently have assisted collection services shall be considered preapproved until September 30, 2025. Any such preapproved residents must submit an *Assisted Collection Services Program Verification Form* prior to September 30, 2025 in order for this service to continue after that date.

3. Responsibilities

- A. Upon receipt of a resident's application, Public Works will issue a written decision, within 10 days, as to whether the request is granted or denied. The decision shall be sent to the customer by mail.
- B. Upon approval of a resident's application, Public Works will:
 - a. Contact the resident to schedule an on-site visit to determine an appropriate storage location, determine specific needs of the resident, and review the inclement weather procedure.
 - b. Determine the start date of the assisted collection services.
 - c. Contact the resident on an annual basis to confirm whether they are still eligible for the service.
- C. Upon approval of a resident's application, the resident shall:
 - a. Meet with Public Works staff member on-site.
 - b. Leave one City-issued garbage cart and one recycling cart at the agreed upon location, by 7 a.m. on their collection day.



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Page 2 of 3

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- i. Public Works maintains a holiday collection schedule to coincide with City/department holidays and the Cedar Rapids Linn County Solid Waste Agency. Assisted collections will follow the same holiday collection schedule.

4. Denial, Termination and Appeals

The City reserves the right to deny or terminate a resident's participation in the Assisted Collection Services Program for good cause including, but not limited to:

- A. Resident fails or ceases to meet the eligibility requirements of the Program
- B. Assisted Collection Services Verification Form contains misrepresentations or is incomplete
- C. Resident refuses to participate in the initial on-site visit or to complete the Consent for Entry form
- D. Resident declines an alternative modification offered by the City in lieu of full service under the Program
- E. Resident fails to comply with any of the conditions of approval for the Program
- F. Resident who was approved for the Program ceases to live at the home receiving assisted services
- G. City is not able to reasonably access the resident's garbage and/or recycling carts.

In the event participation in the Program is denied or terminated, the resident will be notified of the denial or termination in writing and will have 15 days from the date of the written denial or termination notification in which to file an appeal with the City.

5. Renewals

Approval for the Assisted Collection Services Program is valid for 12 months. Public Works will send a renewal verification form to the resident. Failure to return the renewal verification form within the time required will result in discontinuation of service.

- A. Renewals that do not require a physician's signature, because a physician has already opined that resident's disability is permanent, must be returned within two weeks from the date specified on the renewal verification form.
- B. Renewals requiring a physician's signature must be returned within one month from the date specified on the renewal verification form.

6. Questions

Any questions concerning the above policy should be directed to the following:

City of Marion — Public Works Department
202 44th Street, Marion, IA 52302
319-377-6367 • public-works@cityofmarion.org



Assisted Collection Services Program Verification Form

Public Works Department
202 44th Street, Marion, IA 52302
319-377-6367
public-works@cityofmarion.org

CONTACT INFORMATION

Name: _____ Phone: _____
Service Address: _____ Email: _____
Preferred Communication Method: _____ Phone _____ Email _____ Mail _____
Marion Water Department Utility Account No.: _____

CONSENT FOR ENTRY & AGREEMENT

By signing below, I hereby consent to the City of Marion entering my property located at address listed on this application for the purpose of collecting garbage and recycling. I understand that the City of Marion will use reasonable care in performing this service. I further agree to indemnify and hold harmless the City of Marion from any and all claims, losses, damages, or liabilities arising out of or in connection with the garbage and recycling collection service.

In accordance with the following physician's verification, I hereby certify that I am physically unable to transport my garbage and recycling carts to the curb for collection. I further hereby certify that there is no other individual living or working at my residence who can transport my garbage and recycling carts to the curb.

I understand that any misrepresentations made on this form may lead to denial or termination of my participation in the Assisted Collection Services Program. I further understand that the City may deny or terminate my participation in the Assisted Collection Services Program for other good cause including, but not limited to, the examples of good cause listed within the policy.

I have read this Assisted Collection Services Program Policy in its entirety and fully understand its contents.

Resident Signature: _____ Date: _____

PHYSICIAN'S STATEMENT (To be completed by attending physician)

It is my professional opinion that, _____ is physically unable to transport their garbage and recycling carts to the curb for collection and requires assistance.

Check the appropriate option below:

_____ It is my professional opinion that their disability is permanent

_____ It is my professional opinion that their disability is temporary

This temporary disability should last until: _____

Physician's Signature: _____ Date: _____

Address: _____ City, State Zip: _____

License ID#: _____ Phone: _____

Return this completed form to: 202 44th Street, Marion, IA 52302 or public-works@cityofmarion.org