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DEPARTMENT OF
PUBLIC WORKS

OFFICE OF THE DIRECTOR

CITY OF SACRAMENTO
CALIFORNIA

CITY HALL
ROOM 207
915 I STREET
SACRAMENTO, CA
95814-2673

916-449-5283

ADMINISTRATION
916-449-8747

April 30, 1991

Transportation and Community Development Committee
Sacramento, California

Honorable Members in Session:

SUBJECT: **PROPOSED STANDARDS FOR RECEIVING A DISABLED EXEMPTION FROM CURBSIDE
GARBAGE CAN SET OUT**

SUMMARY

This report recommends approval of revised solid waste disabled exemption standards. The purpose of these revised standards is to fairly and uniformly regulate City exemptions from moving garbage containers to curbside.

BACKGROUND

The current City Disabled Exemption (City Code ¶19.122-1) reads:

"Notwithstanding any other provisions of this Chapter or any other provision of the City Code to the contrary, an exemption from placing a receptacle at curbside as described in the second paragraph of 19.122 may be made, upon approval of an application to the solid waste division, to certain service users. The requestor must attest that he/she is physically and financially unable to cause a full waste container to move to the curb and that there is no one else in the house who is able to move a full waste container to the curb. The director of public works or his/her designee is authorized to implement city council approved standards, terms, and conditions for said exemptions. The exemption provided for in this section shall be applied for on a form prescribed by the city and will allow the recipient to receive in-yard service for the applicable curbside fee as established by resolution of the city council."

The current code, with the single standard of having the requestor attest that he/she is physically and financially unable to cause a full waste container to move to the curb (see Exhibit A) has led to the City of Sacramento authorizing several times as many disabled exemptions as other communities that grant this exemption.

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Our research, as of April 4, 1991, reveals that other Northern California communities, which have granted disabled exemptions, have specific standards as shown on Table 1 below:

TABLE 1 -- DISABLED EXEMPTION STANDARDS

City/County	Personal Affirmation	Physician Verification	Income Limit	City/County Check	Yearly Approval
City of Davis	No	Yes	No	No	Yes
City of Lodi	Not available.				
City of Roseville	No	Yes	No	Yes	Yes
City of Woodland	No	Yes	No	Yes	No
City of San Jose	No	Yes	Yes	Yes	Yes
City of San Francisco	Not available.				
City of Stockton	N/A as they have in yard service.				
County of Sacramento	No	Yes	No	Yes	Yes
City of Sacramento (Current)	Yes	No	No	No	No
City of Sacramento (Proposed)	No	Yes	No	Yes	Yes

Thus, our present, single disabled standard is at least partially responsible for Sacramento City's approval of over 6,000 disabled exemptions or 3.5 times more than any other Northern California community. Table 2 shows the identified ratio of disabled exemptions to population and garbage accounts for some other agencies that grant this exemption.

TABLE 2 -- RATIO OF DISABLED EXEMPTIONS TO ACCOUNTS

City/County	Population	Number of Accounts	# of Disabled Exemptions	Disabled Exemptions
City of Davis	44,780	9,182	36	0.4%
Sacramento County	632,330	171,828	1,712	0.7%
City of Roseville	44,364	18,794	82	0.4%
City of San Jose	872,248	165,000	955	0.6%
City of Sacramento	368,000	99,056	6,125	6.2%

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Table 2 data reveals that one of every 60 City citizens requires a disabled exemption as opposed to only one of every 369 county citizens requiring a disabled exemption. The exemptions obviously have an impact on crew productivity (approximately three minutes/household for exemptees versus 20 seconds for routine collection). More recently, some customers are questioning our allocating exemptions to some apparently able-bodied neighbors. Hence, with City Council approval, staff proposes to promulgate new disabled exemption standards similar to those of other Northern California cities (as identified in Exhibit 1 of the attached resolution). These standards would require a physician's verification of a customer's physical inability to move the wheeled refuse container to the curb. If approved by the City Council, these revised standards would become effective July 1, 1991.

FINANCIAL DATA

This report has no direct financial impact. However, decreases in crew productivity associated with large numbers of disabled exemptions increases Solid Waste's need for employees. Presently, our 6,125 disabled exemptions necessitate the use of 6.8 employees per year more than would be required for routine curbside collection. A 50% reduction in disabled exemptions could result in a \$144,500 annual savings in refuse collection employee services.

POLICY CONSIDERATIONS

The recommended standards are consistent with the Council's Disabled Exemptions policy as provided in City Code §19.122-1. The revised standards are designed to provide staff with a physician's verification of disability.

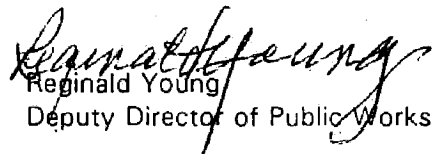
MBE/WBE

This report has no MBE/WBE impacts.

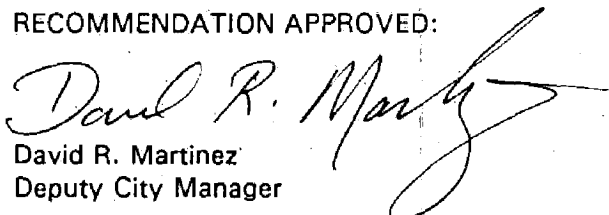
RECOMMENDATION

It is recommended that the Transportation and Community Development Committee approve this report and forward it to the City Council with a recommendation that the City Council approve the attached resolution.

Respectfully submitted,


Reginald Young
Deputy Director of Public Works

RECOMMENDATION APPROVED:


David R. Martinez
Deputy City Manager

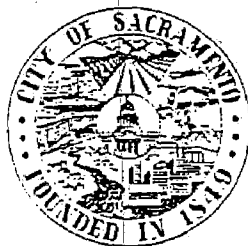
APPROVED:


Melvin H. Johnson
Director of Public Works

Contact Person

Reginald Young, Deputy Director of Public Works
449-5283

April 30, 1991
All Districts



DEPARTMENT OF
PUBLIC WORKS

SOLID WASTE DIVISION

CITY OF SACRAMENTO
CALIFORNIA

921 TENTH STREET
SUITE 500
SACRAMENTO, CA
95814-2715

916-449-5757

DAVID A. PELSER
SOLID WASTE
DIVISION MANAGER

TO: City of Sacramento
Solid Waste Division

I declare, under penalty of perjury, that no person residing at this address is physically capable of moving a filled garbage can.

Signature

Name - Please print or type

Address

Zip Code

Telephone Number

Date

Please return completed form to:

Solid Waste Division
921 Tenth Street, Suite 500
Sacramento, CA 95814-2715

RESOLUTION NO.

ADOPTED BY THE SACRAMENTO CITY COUNCIL

ON DATE OF _____

RESOLUTION APPROVING THE STANDARDS FOR OBTAINING A DISABLED EXEMPTION FROM CURBSIDE REFUSE CONTAINER SET OUT

WHEREAS, the City Council, by approving City Code 19.122-1, adopted a policy of exempting some disabled persons from moving waste receptacles to the curbside; and

WHEREAS, the Director of Public Works, or his/her designee, is authorized to implement City Council approved disabled exemption standards; and

WHEREAS, the Solid Waste Manager shall keep an accurate master list of all persons granted disabled exemptions.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF SACRAMENTO that the Director of Public Works or his designee is hereby authorized to implement the Disabled Exemption Standards in attached Exhibit 1.

MAYOR

ATTEST:

CITY CLERK

FOR CITY CLERK USE ONLY

RESOLUTION NO.: _____

DATE ADOPTED: _____

**CITY OF SACRAMENTO
APPLICATION FOR EXEMPTION
FROM
CURBSIDE REFUSE COLLECTION SERVICE
DUE TO PHYSICAL DISABILITY**

EXHIBIT 1

PRINT CLEARLY: Please complete the following form and return to the City of Sacramento, Solid Waste Division, 921 10th Street, Suite 500, Sacramento, California 95814

1. Name (Please Print): _____
Address & Zip Code: _____
2. Phone #: _____ 3. Age: _____
4. List All Occupants and Their Ages: _____

I AM PHYSICALLY DISABLED TO THE EXTENT THAT I AM UNABLE TO MOVE A WHEELED REFUSE CONTAINER TO CURBSIDE.

**NO PERSON IN THIS HOUSEHOLD IS PHYSICALLY ABLE TO MOVE A WHEELED REFUSE CONTAINER TO THE CURB
(See Below for Required Statement from Physician)**

YES NO

I CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM THE HEAD OF HOUSEHOLD FOR THE CITY RESIDENCE IDENTIFIED ON THIS APPLICATION, THAT MY ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND CORRECT, AND THAT THIS APPLICATION WAS EXECUTED IN SACRAMENTO, CALIFORNIA

Applicant's Signature _____ Date _____

PHYSICIAN STATEMENT (Must Be Completed)

Name of Physician (Please Print): _____

Mailing Address & Zip Code: _____

I verify that the above named applicant is physically unable to move a wheeled garbage container to the curb.

Signature of Physician: _____ Date: _____

FOR OFFICE USE ONLY

Remarks: _____

Approved: _____ Denied: _____

Effective Date: _____

INSPECTOR

SOLID WASTE MANAGER

(PLEASE MAKE SURE TO COMPLETE BOTH SIDES OF THIS FORM)

**CITY OF SACRAMENTO STANDARDS, TERMS, AND CONDITIONS
FOR
EXEMPTION FROM CURBSIDE GARBAGE COLLECTION SERVICE
DUE TO PHYSICAL DISABILITY**

The applicant for a Disabled Exemption, as identified in Sacramento City Code 19.1221-1, shall comply with the following standards, terms, and conditions:

1. The applicant shall be a "head of household." "Head of household" means you are not claimed as a dependent on any federal income tax return.
2. The applicant shall be disabled. As used herein, disabled means the applicant is physically unable to move a wheeled waste container to the curb by reason of a medically determined physical impairment that is permanent or is expected to last for a continuous 12-month period.
3. The applicant shall have no other person residing with them who is physically able to move a wheeled waste container to the curb.

Proof of qualification of the above conditions may be made by submitting a completed applicant form (see reverse) by mail or in person to the Department of Public Works, Solid Waste Division, 921 10th Street, Suite 500, Sacramento, California 95814.

Disabled exemption status is subject to periodic evaluation and is not a permanent agreement. The City reserves the right to require that persons given disabled exemptions provide verification of eligibility upon request. It is the responsibility of the disabled citizen to notify the City of any status change regarding disability head of household, any other able-bodied in residence, etc.

I understand that the Disabled Exemption is not permanent and that normal evaluation of my Disabled Exemption status will occur annually, and at any other time that is deemed necessary by the City.

I have received a copy of the City of Sacramento Disabled Exemption Standards, Terms, and Conditions and have read and understood it.

Signature

Date

(PLEASE MAKE SURE TO COMPLETE BOTH SIDES OF THIS FORM)