

# **REGENCY AT THE WOODS OF SOUTH BARRINGTON MEDICAL PRIORITY LIST SNOW REMOVAL GUIDING PRINCIPLES**

**To provide priority snow removal to residents with both major, mental and physical medical conditions (permanent or temporary) which limits them from performing activities of daily living, such as but not limited to dialysis, infusion therapy, physical therapy, dementia, debilitating heart condition, wheelchair dependency.**

**To provide open and safe access for emergency vehicles, equipment, and personnel responding to the homes of residents requiring emergency care.**

**To grant easy access of transportation vehicles to the homes of health impaired or disabled residents when a major snow event occurs (greater than 2 inches deep).**

**To clear the driveways of residents with permanent or temporary disabilities for the purpose of getting to a regularly scheduled doctor's appointment.**

**To accommodate the rights of Regency residents based upon Fair Housing Amendments Act (FHAA).**

**To clarify, this policy is different from accommodations made when a resident chooses to pay \$50 to remove snow from their driveways when less than two inches.**

# REGENCY AT THE WOODS OF SOUTH BARRINGTON MEDICAL PRIORITY LIST SNOW REMOVAL POLICY REQUIREMENTS

In order to ensure that these requirements are followed, residents wanting to be placed on the Medical Priority List for Snow Removal are requested to abide by the following:

Provide the dates of the accommodation and information or support as to your condition which you qualify to be placed on the Medical Priority List for Snow Removal.

***Those with permanent conditions:*** Apply annually to be placed on the Medical Priority List by November 1<sup>st</sup> of the present year which is attached hereto as Exhibit A.

***Those with temporary conditions:*** Apply to be placed on the Medical Priority List and provide the dates approved by your physician which is attached hereto as Exhibit A. These dates can be fluid dependent upon changing conditions but require additional documented physician authorization.

All Medical Priority List Forms along with supporting documents must be turned into the Assistant Property Manager's office to be kept on file.

The contracted snow removal company is provided with a list of residents' addresses on the Medical Priority List for Snow Removal. Snow removal at those residents' homes will be completed before others not on the list.

The Medical Priority List is considered valid up until the date of May 1<sup>st</sup>.

The Board of Directors reserves the right to amend or modify these Guiding Principles or Policy Requirements as it deems necessary without a vote of the members. The Board of Directors will notify all the members of any change(s).

**REGENCY AT THE WOODS OF SOUTH BARRINGTON  
MEDICAL PRIORITY LIST EXHIBIT A MEDICAL  
PRIORITY LIST APPLICATION FORM**

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**NAME (PRINT)**

**CIRCLE BELOW THAT APPLIES:**

*Permanent Condition (full snow season Nov. 1<sup>st</sup> thru May 1<sup>st</sup>)*

*Temporary Condition (dates) from \_\_\_\_\_  
to \_\_\_\_\_*

If dates are changed, it will require additional physician authorization.

I acknowledge that I have provided written support of my specific condition and attached to this Medical Priority List Application Form. Additionally, I expect and understand that this form must be filled out annually if I have a permanent medical condition or provide an additional physician authorization for a change in dates to be placed on the list for a temporary condition.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Physician supporting document must be attached.