



City Of Raleigh

NORTH CAROLINA

To All New Need Assistance Customers

Please note that for permanent disability, certification of your eligibility will be required annually.
You will be sent a renewal form.

Need Assistance is only for garbage and recycling.

Please complete the enclosed form and return it to the Solid Waste Services Department. The Solid Waste Services Department is pleased to offer weekly, backdoor collection of garbage and bi-weekly recycling to residents who are unable to bring their containers to the curb. In order to provide Need Assistance collection efficiently, we must make sure that this service is provided only to qualified residents. Qualified residents are those individuals who, because of a permanent or temporary physical disability, are unable to bring the garbage and recycling carts to the curb, **and who do not share a residence with an able-bodied person who could move the waste receptacles.**

If you require Need Assistance collection because of a permanent or temporary physical condition, you must have a physician confirm your inability to bring your garbage and recycling containers to the curb.

The application will not be considered complete without a physician's signature.

You or your doctor's office may return the completed form by mail or fax which is listed at the top of the form. Thank you for your cooperation with this process.

Sincerely,

Alecia Watkins * Special Programs Coordinator * Solid Waste Services * 919-996-6890

CITY OF RALEIGH
SOLID WASTE SERVICES DEPARTMENT
APPLICATION FOR NEED ASSISTANCE COLLECTION

Mail completed form to:
Solid Waste Services, PO Box 590, Raleigh, NC 27602-0590
or fax to (919) 212-4290.

Citizen's Statement (please print):

Name: _____

Address: _____ Zip Code _____

Telephone Number: _____

Read the following statement carefully, and check the box beside it if you agree.

I request Need Assistance Collection because I am unable to bring my garbage and recycling containers to the curb, and there is no able-bodied person residing with me who could move the containers.

My reason for needing assistance is (check one):

I have a permanent physical disability.

I have a temporary physical disability until _____.

I understand that after this date, I will be removed from the Need Assistance list.

I understand that Need Assistance Collection is for recycling and garbage collection only, **not yard waste**. I also understand that this service may be revoked at any time by the Solid Waste Services Department if I no longer qualify for assistance. This determination may be made based on observations by Solid Waste Services operations employees.

Signature: _____ **Date:** _____

Physician's Statement:

For medical reason(s), the above individual is unable to and should not move the garbage cart and recycling cart to the curb each week. I have checked the correct status—either permanent or temporary. If temporary, I have indicated how long the customer will need backdoor service.

Permanent Temporary until (date) _____

Physician Name: _____

Physician Address: _____

Physician Signature: _____ Date: _____

FOR SOLID WASTE SERVICES USE ONLY

Date Received: _____ Date Customer Contacted: _____

Date of Site Visit: _____

Approved Not Approved for reason: _____

Name: _____ Signature: _____