

City of Raleigh Solid Waste Services Department
Needs Assistance Program (NAP) Application

PART A: TO BE COMPLETED BY THE APPLICANT

First Name:		Last Name:	
Are you the utility account holder, or a person authorized to make decisions on behalf of the account holder? <input type="checkbox"/> Yes <input type="checkbox"/> No		Utility Account #	
Property Address:			
City:	State:	Zip:	
Home Phone:	Mobile Phone:	Email:	
I have read, understand, and agree to follow the criteria provided in the Eligibility (Part C), Terms and Conditions (Part D), and Policy and Procedures (Part E) sections: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sign: _____ Date: _____			

PART B: TO BE COMPLETED BY A PHYSICIAN OR PHYSICIAN ASSISTANT

Physician/PA Name:		License Number:	
Physician Address:			
City:	State:	Zip:	
Telephone Number: ()	Fax Number: ()	Email Address:	
Note to Physician: By completing and signing this form you are indicating that the applicant is not capable of maneuvering 95-gallon carts for curbside collection.			
Is the applicant your patient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
This patient/account holder's condition is expected to be: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Permanent <input type="checkbox"/> Temporary</div><div>From: _____ To: _____</div></div>			
I certify by my signature that I am a physician/PA licensed to practice medicine in North Carolina and that in my judgment the patient meets the eligibility requirements for the Needs Assistance Program.			

Physician/PA Signature:

Date:

PART C: ELIGIBILITY AND APPLICATION

1. Once approved, residents with permanent restrictions DO NOT have to reapply.
2. Applicants must be current Raleigh Solid Waste Services (SWS) customer who receives residential curbside services.
3. Utility account holder and individuals authorized to make decisions for account holder are eligible to apply for the Need Assistance Program (NAP).
4. Only residents who have a permanent or temporary disability without an able-bodied person residing with them are eligible to be approved for the NAP.
5. All adults living in the house requesting service are advised to complete a NAP application.
6. Applicants with a temporary disability will be removed from the NAP at the end of their disability term as identified in Part E.
7. Non-residential properties do not qualify for the NAP.
8. Residents can scan or photograph the completed applications, and send it to the SWS Department using one of the following:
 - **Mail:** Solid Waste Services Department, Attention: Need Assistance Program,
PO Box 590, Raleigh, NC 27602
 - **Fax:** (919) 212-4290
 - **Email:** Send scan or photograph forms via email to SWSCodeCompliance@raleighnc.gov
9. Applicant's physician or physician's assistant must complete and sign Part B of the NAP application.
10. Applicants' may be subject to audits to verify continued eligibility.
11. Upon receipt of the completed NAP application, SWS will contact the applicant within ten business days to verify eligibility.
12. Should the NAP application be denied, applicants have ten business days to provide a written appeal.

PART D: TERMS AND CONDITIONS

1. Garbage, recycling, and yard waste carts must be made accessible to the SWS collection.
2. SWS personnel will collect garbage, recycling, and yard waste on the customer's regularly scheduled service day.
3. Yard waste cart collection is included in the NAP program. Biodegradable paper bags and yard waste bundles **will not** be serviced for NAP participants.
4. The SWS Department has the authority to terminate NAP service at any time. Upon termination of NAP service, the account holder must immediately resume regular curbside collection.
5. SWS will not provide service during inclement weather that may cause a safety concern for workers. Services will resume when SWS can safely collect.
6. SWS employees must have direct access to garbage, recycling, and yard waste containers.
7. Employees will not go on porches, behind fences or gates, in garages, up steps, or on decks.
8. Employees will not maneuver over terrain that creates topographical problems that make collection unsafe.
9. NAP customers must permit SWS personnel to enter onto the property grounds to collect carts and conduct site visits.
10. Resident must hold City harmless for any damage caused in connection with the approval of services from the property.

PART E: POLICY AND PROCEDURES

The SWS customer shall be responsible for:

1. Restraining all animals inside an enclosed fenced-in area.
2. Place carts in a safe and accessible location (outside of fences, garages, porches, decks, etc.).
3. Notifying SWS of any move within 30 days of vacating the premises. Contact Customer Call Center at (919) 996-3245 for notification.
4. Following all regulations related to the proper preparation of garbage, recycling, and yard waste.

Failure to comply with any of the responsibilities may result in administrative fees and/or removal from NAP service.

FOR SOLID WASTE SERVICES USE ONLY

Date Received:

Collection Day:

Application Status:

☐ Approved

☐ Denied _____

Name:

Signature: