City of Asheboro Public Services Department (PSD)
Needs Assistance Program (NAP) Application

| PART A: TO BE COMPLETED BY THE APPLICANT | | |
|---|---|---|
| First Name: | Last Name: | |
| Are you the utility account holder, or are you authorized to make decisions on behalf of the account holder?<br>☐ Yes ☐ 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:** ☐ Yes ☐ No<br><br>Signature: _____ Date: _____ | | |

| PART B: TO BE COMPLETED BY A PHYSICIAN OR PHYSICIAN ASSISTANT | | |
|---|---|---|
| Physician/PA Name: | | |
| Physician Address: | | |
| City: | State: | Zip: |
| Telephone Number:<br>(  ) | Fax Number:<br>(  ) | Email: |
| Is the applicant your patient? ☐ Yes ☐ No | | |
| This patient/account holder's condition is expected to be: **<u>If temporary, please fill in dates below</u>**<br><br>☐ Permanent ☐ Temporary From: To: | | |
| **Physician/PA Certification: 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 is not capable of maneuvering 96-gallon containers for curbside collection.**<br>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 Asheboro Public Services Department (PSD) customers who receive residential curbside services.
3. Utility account holders and individuals authorized to make decisions for account holders are eligible to apply for the Needs Assistance Program (NAP).
4. Only residents who have a permanent or temporary restriction and cannot obtain assistance from an able-bodied person residing with them are eligible to be approved for NAP.
5. All eligible adults living in the house requesting service are advised to complete a NAP application.
6. Applicants with a temporary restriction will be removed from the NAP at the end of their temporary restriction term as identified in Part B.
7. Non-residential properties do not qualify for the NAP.
8. Residents can scan or photograph the completed applications, and send it to the PSD representatives using one of the following:
    - **Mail:** City of Asheboro Public Services Department, Attention: Needs Assistance Program, PO Box 1106, Asheboro, NC 27204-1106
    - **Fax:** (336) 626-0430
    - **Email:** Send scanned or photograph forms via email to nap@ci.asheboro.nc.us
9. Applicant's Physician/PA must complete and sign Part B of the NAP application.
10. Applicants are subject to audits to verify continued eligibility. When a determination is made that eligibility has ended, the NAP service will end.
11. Upon receipt of the complete NAP application, city representatives 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. *Appeals should be made to the Public Works Director at the address listed above.

## PART D: TERMS AND CONDITIONS

1. Garbage/Recycling containers must be made accessible to the PSD collection personnel
2. PSD personnel will collect garbage/recycling every Monday for the (green container) and Thursdays on a bi-weekly schedule for your recycling container (gray container) unless a holiday changes the schedule.
3. Yard waste collection is not included in the NAP program.
4. The Public Services 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. PSD will not provide service during inclement weather that may cause safety concerns for workers. Services will resume when PSD can safely collect.
6. PSD employees must have direct access to garbage/recycling 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 PSD personnel to enter the property grounds to collect containers and conduct site visits.
10. Residents must hold the City harmless for any damage in connection with the approval/disapproval of services.

## PART E: POLICY AND PROCEDURES

The PSD customer shall be responsible for:

1. Restraining all animals in a manner that protects the animal and city employees.
2. Placing containers in a safe and accessible location (outside of fences, garages, porches, decks, etc.).
3. Notifying the Public Services Department of any move within 30 days of vacating the premises. Contact us at (336) 626-1234 for notification.
4. Following all regulations related to the proper preparation of garbage and recycling.

**Failure to comply with any of the responsibilities may result in the removal from the NAP service.**

## FOR PUBLIC SERVICES USE ONLY

| Date Received: | Collection Day: |
|---|---|
| Application Status:<br>☐ Approved ☐ Denied _____ | |
| Name: | |