

# Financial Assistance Application Form

Moree Plains Shire Council offers additional waste collection services on compassionate grounds reserved for households who, by nature of a verified medical condition, generate excessive quantities of waste that cannot be managed using the standard collection service.

The information provided in these forms is collected and stored by Moree Plains Shire Council for the purpose of assessing and administering donated waste services. Incomplete information may impact Council's ability to make a fair decision on the application. The information is stored at Council's Administration Office at Level 2, 30 Heber Street Moree NSW 2400 and may be accessed and updated by applicants on request. Those completing section 1 of this form must also submit Section 2 of the application, completed by a doctor.

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Office Use Only

Record Number

Date Received

## Part A: Applicant Details

**Contact Person:**

**Are you applying on behalf of someone else? If so please detail applicant/s name:**

**Phone:**

**Email Address:**

**Property Details:** Note – Applications made by tenants need to be authorised by the property owner

**Postal Address if different from above**

**Describe why you are seeking support:**

### Lodgement options

Applications can be lodged using one of the following methods:

**Email:** council@mpsc.nsw.gov.au

**Mail:** PO Box 420, MOREE NSW 2400

**In person:** Level 2, 30 Heber Street MOREE NSW 2400

Please allow up to 10 working days for written notification of the application outcome. Applications for Financial Assistance are reviewed weekly by a delegated authority of Council.

Contact Council on 02 6757 3222 for further information or advice regarding your application

#### Further Information

Moree Plains Shire  
Council  
Level 2, 30 Heber Street  
PO Box 420  
MOREE NSW 2400  
Tel: 02 6757 3222  
Fax: 02 6752 3934  
council@mpsc.nsw.gov.a

## Section 1 – Domestic Waste Services – Medical needs

The information sought in this application is required to enable Council to reach a fair decision about the request for additional waste services. Applicants seeking support must also submit Section 2 as medical certification. In the instance of multiple occupants with medical conditions, Section 2 should be submitted for each individual. An additional garbage service will be provided through the provision of a second bin for weekly collection unless an alternate need is identified.

### Application for (tick all that apply):

**Domestic Waste – Additional garbage service**

**Upsize to larger 360L recycling bin**

**Have you received financial assistance for additional domestic waste services previously?**

**By submitting this application I understand the following conditions:**

- Section 2 must be completed by a doctor and submitted to support this application – at the cost of applicant
- I must advise Moree Plains Shire Council in writing if circumstances leading to the generation of excessive medical waste change
- The additional bin remains the property of Moree Plains Shire Council and will be collected at cessation of the additional service
- Random bin audits may be conducted at the point of collection to monitor service use
- Applications must be resubmitted every two years
- Applicants must notify Council if they move to another property

**I agree to the conditions above and certify the information given in this document is true and accurate**

**Name:**

**Date:**

**Signature**

**TENANTS ONLY** – Complete if applicable. Applications submitted by tenants need to be authorised by the property owner.

**Property owner name:**

**Date:**

**Confirmation of property address:**

**Signature:**

## Section 2: Medical Certification

To be completed and signed by a doctor and submitted by the applicant with Section 1. The appointment is at the cost of the applicant.

Contact Council on 02 6757 3222 for more information.

**Patient Name**

**Street Address**

**Is the applicants condition:** Permanent  
Temporary, please advise anticipated duration

**Detailed description of waste generated at home due to medical condition**

Eg. Haemodialysis bag, tubing and associated packaging Colostomy bag, (specify if drained or undrained)

**Estimated waste quantity per week** (Eg. 10 items per week)

I confirm the applicant named above requires **home** treatment and/or management of a medical condition resulting in the generation of the above stated waste stream/s requiring disposal in the kerbside domestic waste service.

**Doctor:**

**Date:**

**Medical practice name & address:**

**Phone:**

**Provider number:**

**Doctor Signature:**

**Further Information**

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