



Financial Assistance application form

Individuals – Additional Domestic Waste Services

Form B - Medical needs



Lake Macquarie City 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 Lake Macquarie City 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 126-138 Main Road, Speers Point NSW and may accessed or updated by applicants on request.

Those completing Section 1 of this form must also submit Section 2 of the application, completed by a doctor.

Applicant details

Contact person	
Are you applying on behalf of someone else? If so please detail applicant/s name.	
Phone:	
Email address:	
Property address: 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:

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 fortnightly collection unless an alternate need is identified.

Application for (tick all that apply):

Domestic Waste – Additional garbage service (annual application required)

Upsize to larger 360L recycling bin (one off application)

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

Yes **No**

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 Lake Macquarie City Council in writing if circumstances leading to the generation of excessive medical waste change
- The additional bin remains the property of Lake Macquarie City 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:	

Lodgement options

Applications can be lodged using one of the following methods:

Email: council@lakemac.nsw.gov.au

Mail: Box 1906, Hunter Region Mail Centre, NSW 2310

In person: Customer Service Centre, 126-138 Main Road, Speers Point (8am-5pm)

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

Contact Council on 4921 0333 for further information or advice regarding your application

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 4921 0333 for more information.

Patient name:		
Street address:		
Is the applicant's condition:	<input type="checkbox"/> permanent	
	<input type="checkbox"/> temporary, please advise anticipated duration	<input type="text"/>

Detailed description of waste generated at home due to medical condition	Estimated waste quantity per week
Eg: Haemodialysis bag, tubing and associated packaging Colostomy bag, (specify if drained or undrained)	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 and address:	
Phone:	
Provider Number:	
Doctor Signature:	