



## **RESIDENTIAL SOLID WASTE HELPING HANDS PROGRAM**

On February 4, 2013, the City of Victoria entered into a new program for Garbage and Kitchen Waste. Bins have been delivered and the City recognizes that there are people who require assistance with the return of the new bins to their original location.

The "Helping Hand Program" was designed for those with disabilities, and seniors over the age of 80 years of age, who have no other resident on their property that is capable of rolling an empty wheeled tote from the curbside.

Attached is the application for the Helping Hands Program. Depending on which category you fall under it may be necessary to have your doctor's approval for you to qualify for this service.

Alternatively, if you currently have a Disabled Parking Permit you will not be required to take the form to your physician and only required to include your permit number on the form.

If you require any further assistance please contact 250-361-0226.

Thank you for your interest in the Helping Hand Program.

CITY OF VICTORIA

RESIDENTIAL SOLID WASTE HELPING HANDS PROGRAM

ASSESSMENT FOR SPECIAL GARBAGE COLLECTION ARRANGEMENTS

**PART 1 (to be completed by Applicant)**

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Property Location Address

Utility Account Number

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Applicant's Name

Phone #

I hereby apply for a level of garbage collection service that includes returning my empty bin to my yard, on the grounds that (please check one);

I am a disabled person who is unable, without undue hardship or risk to health, to roll an empty wheeled tote from the curbside, as a result of a permanent or temporary physical disability. **(Part 2 required)**

I am over the age of 80. **(Part 2 not required)**

And no other resident of my property is capable of rolling an empty wheeled tote from the curbside.

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Applicant's Signature

Date

**\*\*NOTE:** If you currently have a **Disabled Parking Permit**, please put your permit number here

\_\_\_\_\_ and you **will not be required** to take this form to your doctor.

**PART 2 (to be completed by Physician)**

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Physician's Name

Telephone #

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Physician's Address

Postal Code

The date I last saw the Applicant was: \_\_\_\_\_

In my opinion, the Applicant is unable, without undue hardship or risk to health to roll an empty wheeled tote from the curbside as a result of a \_\_\_ permanent or a \_\_\_ temporary physical disability.

If a temporary disability, please indicate the expected date of recovery: \_\_\_\_\_

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Physician's Signature

Date

**Return Application to:** City of Victoria Utility Billing  
#1 Centennial Square  
Victoria, BC V8W 1P6

**Enquiries: 250-361-0226**  
**Fax: 250-361-0214**  
**Office Hours: 8am – 4:30pm**  
**Monday - Friday**