



LAWN CARE & SNOW REMOVAL APPLICATION

Elder Services Program
2910 S. Leaton Rd.
Mt. Pleasant MI 48858
(989) 775-4300



Name:		Date:
Address:		Home Phone:
		Work Phone:
District 1 Member: Yes or No		Date of Birth:
Are you the owner of the property referenced above?		Yes or No
If no, does your name appear on a Lease or Rental Agreement for the property listed above?		Yes or No
<ul style="list-style-type: none">• PLEASE NOTE: AT THE DIRECTION OF THE ELDERS ADVISORY BOARD, BEFORE SERVICES CAN BEGIN ALL ELDERS WILL NEED TO COMPLETE A HOME VISIT WITH THE ELDERS ADVOCATE AND PAY A \$50.00 NON-REFUNDABLE SERVICE FEE.• A \$20.00 FEE IS REQUIRED UPON REQUEST FOR EXCESS LAWN MOWING (REFER TO GUIDELINES).• THERE WILL BE NO PLOW SERVICE FOR LESS THAN 1 INCH ACCUMULATION.		
I am Requesting Services for: Lawn Care <input type="checkbox"/> Snow Removal <input type="checkbox"/>		
I am requesting services based on (CHECK ALL THAT APPLY)		
I am 70+ years old. <input type="checkbox"/>		
I am 50-65 years old and have a medically documented disability that specifically prohibits me from doing this type of work.* <input type="checkbox"/>		
I have a short-term disability which begins on ____ and ends on ____.* <input type="checkbox"/>		
I have a long-term disability.* <input type="checkbox"/>		
I receive home healthcare or home nursing services. <input type="checkbox"/> I live alone. <input type="checkbox"/>		
If you do not live alone, please list who lives with you and their age: _____		
I am on Social Security Disability.* <input type="checkbox"/> I am bedridden or wheelchair bound. <input type="checkbox"/>		
I have an inability to move freely without assistance (cane, walker, etc.). <input type="checkbox"/>		
I have gait, balance, or fall issues that are medically documented.* <input type="checkbox"/>		
I have respiratory or circulatory issues that are medically documented.* <input type="checkbox"/>		
<p>* <u>ATTACH MEDICAL PAPERWORK FOR VERIFICATION— ALL CLAIMS OF DISABILITY OR MEDICAL ISSUES REQUIRE MEDICAL DOCUMENTATION.</u></p>		

HV Completed On: _____ By: _____

Approved By: _____