



OLDER ADULT SERVICES APPLICATION

Name: _____ Phone _____
(Last) (First) (MI)

Address: _____
(Street) (City, state, zip code)

Email Address: _____

Date of Birth _____ Male Female

Marital Status: Married Divorced Widowed Single

Please mark all that apply:

- No dental insurance
- No health insurance
- No vision insurance
- Dementia
- Raising grandchildren
- Past-due notice on utility
- Utility shut-off notice
- Food Stamps \$ _____ (Amount received monthly)
- On Dialysis

Please answer the following:

- Disabling Condition: Yes No
- U.S. Military Status: None Active Duty Veteran
- Health Insurance: None Direct Purchase Employment Based Medicaid Medicare
- Housing: Own Rent Affordable Safe
- Energy Bills: Pay easily Struggle to pay
- Transportation: Own, reliable vehicle No or unsafe vehicle
- Food: Have enough food for the month Do NOT have enough food for the month
- Clothing: Can afford clothes Cannot afford clothes Use clothing banks
- Medicine: Can afford Cannot afford

Please check race/ethnic background:

- White/Caucasian
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Bi-racial/Multi-Racial
- Hispanic
- Refuse to answer

How did you hear about this OLHSA program? _____

Highest Level of Education Completed: _____

Chore Program Participant Agreement

I _____ agree to abide by the Chore program guidelines which state that I will treat the staff, contractors, and contractor staff with respect. I understand that abusive language or conduct will result in my services being terminated. I will make sure that my yard is cleaned up and free of animal waste and other obstacles so that the contractors can provide the services listed safely.

I understand that the program guidelines are as follows:

Snow Removal: All snow removal will take place within 24-36 hours after the snow stops for normal snows up to 4 inches. Major Snow storms can take up to 96 hours or more for the contractor to remove your snow. If that happens, OLHSA and the contractor are not responsible for any fines that you may receive from your community. If you happen to get a citation when you are on OLHSA's snow list, please call the snow hot line so that we can inform your contractor of the urgency to get your snow removed. The contractor will do their best to get it removed before you are fined.

Snow removal will be done based on a minimum of 2 inches of snow accumulation. Snow will be removed from driveway to garage, full width of city sidewalks, walk to front porch, access to and from the home, mailbox and garage, and access to and from home dependant on client need (may need removal including walkway to side or back door due to mobility issues).

I understand that if my snow has been removed twice by someone else when the contractor gets to my home, I will be removed from the OLHSA Chore program snow list. Contractors will be paid a nominal fee when they come to my home and my snow has already been removed. They will ask me to sign a form stating that the snow was already removed when they got to my home. If someone plows my snow before the contractor gets to me, I will contact the office (or the contractor) to let them know that I do not need them to come. If I do this before the contractor comes to my home, this removal will not count against me.

I will inform OLHSA in writing if I am on dialysis and which days I have treatment. I will also inform OLHSA in writing if I am in a wheelchair and need a ramp or other pathway cleared for my wheelchair. If a large snow is expected and I have a doctor's appointment the next day, I will contact the Snow Hotline at 248-209-2720 the day before so that they can request the contractor to put me at the top of the list if possible.

Grass Cutting: The lawn cutting program provides the minimum service necessary to keep you from getting fined by your community. Cutting the lawn includes cutting the front grass from curbside up from one side of the property line to the other and cutting the back yard everything within the fence line. Also included is weed whipping for any and all weeds (including between the sidewalk and driveway cracks, all grass or weeds behind garages, ramps and porches, grass strips between property lines and grass strips coming down the middle of the driveway) and blowing of grass clippings from walkways, drives, and flower beds around bushes and along side of houses.

Grass will be cut between 2 ½ inches and 3 inches high. We will be cutting the grass every other week. The maximum amount of grass that will be cut is 1 acre.

If your back yard is inaccessible when our contractor comes out to mow your lawn, it will not be mowed. The contractor will not return until the next scheduled time. (Examples of an inaccessible back yard

include: a locked gate, a dog in the back yard, toys on your lawn, or a vehicle blocking access to your back yard.)

I understand that no one in my household is allowed to be outside while the contractor is working. This is for your safety. The contractor has been instructed to not provide the service if anyone is outside.

I understand that if my lawn has been cut twice by someone else when the contractor gets there, I will be removed from the OLHSA Chore program lawn mowing list. I will inform the Chore program if I move or make other arrangements for services.

Other Services: (Bush Trimming, Gutter Cleaning, one time Heavy Housekeeping, Minor home repairs)

I understand that if I have been put on the Wait List for one of these services, three months have passed since I received my confirmation welcome letter, and I still have not heard from the contractor/on-call worker/volunteer to have the service performed, I will call the Holly office at 248-209-2722 to confirm that I still need the service. If I do not call, I understand that I will be taken off the Wait List as it will be assumed that I no longer need the service. If I have the work completed by someone else before OLHSA is able to assist me, I will contact the Holly office to let them know. I will also contact the Holly office if my phone number changes.

Release of Information for OLHSA's Older Adult Service Programs

I declare to the best of my knowledge, I am the only member of my household who has applied for assistance in this program. Further, I certify that all information on the application is true and correct realizing misrepresentation is illegal and violations will be pursued. I hereby release any information on the application to agencies to which I may be referred.

I declare that I am a person 60 years or older, handicapped, or low income. As a recipient of OLHSA Older Adult Services programs funded by the Area Agency on Aging 1-B (AAA1-B) funds, I give my consent to release information about myself, which may be necessary to secure services and follow-up assistance, and that emergency information can be shared and/or emergency contacts notified in the event of an emergency. I give my consent to have my demographic data reported in the National Aging Program Information System (NAPIS) if applicable. I understand that this information will only be released to an appropriate management person, applicable funding source representative, or emergency contact while I am a client of an OLHSA program. I understand that my name, address, and phone number will be supplied to the contractors by email in order for them to provide services to me. I hereby fully indemnify and hold harmless the OLHSA Board, Staff, Administration, AAA1-B, and assigns from any and all expenses and liability of any kind which may arise out of or in connection with the performance of OLHSA'S Older Adult Services Program.

(Print name)

(Participant/Proxy Signature)

Date

SNOW REMOVAL RELEASE

In consideration of Oakland Livingston Human Service Agency's (OLHSA) agreement to clean the snow at _____
[insert address], the undersigned, on its own behalf and on behalf of all individuals, family members, guests, and/or invitees, both now and in the future, on said property, does forever waive any and all claims against OLHSA and its employees, agents and representatives, including but not limited to any slip and fall claim at the above said address.

IN WITNESS WHEREOF, the undersigned has executed this Release as his or her free act and deed this ____ day of _____ [insert date].

[insert name]

WITNESS:



Release of Information for OLHSA's Older Adult Service Programs

I _____ declare to the best of my knowledge, I am the only member of my household designated above who has applied for assistance in this program. Further, I certify that all information on the application is true and correct realizing misrepresentation is illegal and violations will be pursued. I hereby release any information on the application to agencies to which I may be referred.

I also declare that I am a person 60 years or older, handicapped, or low income. As a recipient of OLHSA older adult services programs funded by the Area Agency on Aging 1-B (AAA1-B) funds. I give my consent to release information about myself, which may be necessary to secure services, follow-up assistance, and that emergency information can be shared and /or emergency contacts notified in the event of an emergency. I give my consent to have my demographic data to be reported in the National Aging Program Information System (NAPIS) if applicable. I understand that this information will only be released to an appropriate management person, applicable funding source representative, or emergency contact while I am a client of an OLHSA program. I understand that my name, address and phone number will be supplied to the contractors or volunteers by email in order for them to provide services to me. I hereby fully indemnify and hold harmless the OLHSA Board, Staff, Administration, AAA1-B, and assigns from any and all expenses and liability of any kind which may arise out of or in connection with the performance of OLHSA'S Older Adult Services Program.

Participant's Printed Name

Participant/Proxy Signature

Date

Other Referrals Made:

I give my verbal release of info for these follow up referrals. Worker list referral, initial and date.

MMAPI\SHIP talk _____

Other _____