

APPLICATION FOR *Easter Seals* – Snow Removal Service
RENEWABLE ANNUALLY

Confidential information contained herein is protected information and will not be released.

Date: _____

ADDRESS OF RESIDENT: _____

Description of Driveway: Paved _____ Graveled _____

APPLICANT'S NAME: _____

APPLICANT'S PHONE NUMBER: _____ E-mail: _____

RESIDENT OWNERSHIP INFORMATION:

Are you the owner of your place of residence? ___ Yes ___ No

Do you rent your place of residence? ___ Yes ___ No

Is the residence occupied all winter? ___ Yes ___ No

If you rent your place of residence, is there a ___ Yes ___ No

requirement in lease/rental agreement
that indicates owner will not plow?

If you are not the owner of your place of residence, please provide the information requested as follows:

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

OWNER'S PHONE NUMBER: _____

Qualifications to access Easter Seals Snow Removal Service:

Check all that apply (Applicant must meet ALL criteria to qualify.)

- 1. Available to households where no person is physically able to remove snow. Applicants must send a note from a doctor on doctor's letterhead or have physician fill out the physician statement below.
- 2. Applicant resides in Seabrook, NH
- 3. Applicant meets both of the following criteria: **a** and **b**:
 - a. Categorical:** Applicant is currently on one of the following programs and shows proof:

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Weatherization Program	<input type="checkbox"/> Town Welfare
<input type="checkbox"/> Food stamps	<input type="checkbox"/> Food Commodities	<input type="checkbox"/> Fuel Assistance
<input type="checkbox"/> Old Age Assistance	<input type="checkbox"/> Electric Assistance	<input type="checkbox"/> Subsidized Housing
	<input type="checkbox"/> Title XX Services	<input type="checkbox"/> Pharmaceutical Company Subsidy
	<input type="checkbox"/> Neighbor Helping Neighbor (PSNH Energy Assistance)	
	<input type="checkbox"/> NH Legal Assistance: Senior Citizen Law Project	
 - b. Income Verification:** Applicant's ANNUAL **HOUSEHOLD** INCOME AND AVAILABLE LIQUID ASSETS FROM ALL SOURCES SHOULD MEET GUIDELINES THAT ARE ATTACHED. Applicant must submit copies of last year's US Income Tax Return and bank statements for all adult residents of household.

PLEASE LIST ALL RESIDENTS LIVING IN THE HOUSEHOLD	
RESIDENT NAME	DATE OF BIRTH
1.	
2.	
3.	

STATEMENT OF PHYSICIAN:

I, _____ (print name of physician) hereby certify that

_____ (print name of applicant) has a physical disability that renders him/her incapable of carrying out snow removal at their residence.

Signature of Physician: _____

Office Address: _____

Office Phone Number: _____

TO THE BEST OF MY KNOWLEDGE....

I/we understand that the *Service provided* is clearing of snow from residential driveways, shovel path to primary door, and clear primary vehicle as needed, following snowfall of TWO OR MORE INCHES. The primary goal of the snow removal program is to make the house accessible for the most urgent reasons, such as meal or medicine deliveries, visiting nurses/hospice, to take the resident to necessary doctor or hospital visits, or to make the driveway available for emergency vehicles.

I/WE HAVE READ THE APPLICATION IN ITS ENTIRETY, UNDERSTAND AND AGREE WITH THE PROVISIONS. I/WE WILL HOLD HARMLESS, AND RELEASE FROM LIABILITY, EASTER SEALS NH. This program is solely funded by contributions from donations. Therefore, I/we understand that there is a possibility that the funds will run out before the end of the winter season, thereby discontinuing my snowplowing.

Applicants Signature: _____ Date: _____

Signature of Adult Resident of Household: _____ Date: _____

Signature of Adult Resident of Household: _____ Date: _____

Signature of Adult Resident of Household: _____ Date: _____

ADMINISTRATION PURPOSES ONLY

Person who received form: _____ Date: _____

Medical document received: Yes No

Financial document(s) received Yes No

Snow removal approved by _____ Date: _____

Applicant notified: Date: _____

Applicant put on list: Date _____

ADJUSTED INCOME LEVELS

<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
\$29,151.00	\$38,121.00	\$47,090.00	\$56,060.00	\$65,029.00	\$73,999.00	\$75,861.00	\$77,363.00

Updated: October 6, 2010