

Handicapped and Elderly Living program Policies and Procedures



Division:	Education	Responsible Party:	Manager
Program:	H.E.L.P.	Effective Date:	10/01/2021
Policy Title:	Lawn Assistance		

Policy

Lawn Assistance

1. Applicant must be an EBCI enrolled member senior citizen, and/or a permanently disabled person. The following documents must accompany the completed application:
 - a. Proof of Social Security or disability statement.
 - b. A doctor's note must be submitted for each applicant – both Seniors (59.5 and older) and disabled applicants under 59.5 years of age.
2. Mowing season begins April 1st and ends September 30th of every year.
3. Lawn maintenance includes a 50 ft. perimeter around the house.
4. Lawn maintenance outside the 50 ft. perimeter will be the responsibility of the homeowner.
5. Prior to Lawn Assistance, the homeowner is responsible for clearing the lawn of any trash, debris, toys, dog waste, etc.
6. **Dogs must be properly secured when mowing contractor arrives in order for them to safely provide this service.**
7. Applicants **will not be disqualified** if someone lives in the home over the age of 18 yet under the age of 59.5.
8. Land must be owned by the applicant; and must be within the 3 county service areas: Swain, Jackson and Haywood.
9. Clients who own their home but rent/lease the land it is located on may qualify for Lawn Assistance. A copy of a 10-year land lease agreement and proof of ownership of the home must be provided.

☞ ****Rental homes are excluded – See Service Refusal Policy**

Lawn Assistance



H.E.L.P. Lawn Maintenance Application

Deadline May 31



Senior Citizen
 Disabled

DOGS MUST BE PROPERLY SECURED BEFORE MOWING CONTRACTOR ARRIVES

APPLICANT INFORMATION

Name:	Date of Birth:	Age:
Community:	Enrollment #:	Phone:
Mailing Address:		
City:	State:	ZIP Code:

ALL APPLICANTS: Have you attached your Doctor's note requesting this service? YES NO

911/Physical Address & Directions to your home:

Does the Applicant: Own: Mortgage: ****Rental units are ineligible for Lawn Maintenance**

PLEASE LIST EVERYONE CURRENTLY LIVING IN YOUR HOME

NAME	ENROLLMENT #	AGE	RELATIONSHIP

SIGNATURE

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification. I have to provide documentation to support this application. Failure to provide correct information could result in services being denied. I have also received a copy of the lawn maintenance policies have read and fully understand them.

Signature of Applicant (Or Guardian): _____ Date: _____

**PLEASE COMPLETE ALL SECTIONS.

APPLICATIONS WITHOUT A DR NOTE WILL NOT BE PROCESSED UNTIL A DR NOTE IS TURNED IN**

OFFICE USE ONLY

<input type="checkbox"/> Eligible		Received By: _____
<input type="checkbox"/> Not Eligible	Reason: _____	Date Received: _____
		Copy of enrollment card <input type="checkbox"/>