

CHORE SERVICE PROGRAM RECERTIFICATION FORM

NAME: _____

DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

You are scheduled for a redetermination of your eligibility for the Chore Service Program. Please complete and return the enclosed form as soon as possible. New claim forms will be sent to you once you have been recertified.

The following is a review of the program guidelines and limitations:

Todd County Health & Human Services offers limited financial assistance for residents who need help paying for some types of chore services. The purpose of this program is to help residents maintain independent living in their own home either long-term or on a temporary basis. Health & Human Services will review each request on an individual basis. Eligibility will be based on need and income. Health & Human Services reserves the right to set reimbursement limits.

The Chore Service Program is a reimbursement program. The chore service client is sent forms that providers must sign after they have done the work AND THE CLIENT HAS PAID THEM. A completed claim form must have the following completed: signature of worker (provider), date service was provided, service description (if not already filled in), amount of time worked, rate (if not already filled in), and the amount the client paid the provider. The client then submits the claim form(s) for payment. More than one date of service may be submitted on one claim form and/or more than one provider. Claims received in our office by the tenth of the month should be paid the third Tuesday of that month.

The established chore service reimbursement guidelines for lawn mowing and snow removal are:

MOWING:

We reimburse for mowing every other week, up to \$30 each month. This does NOT include raking or other yard work.

SNOW REMOVAL:

For snowfall that accumulates instead of melting, we'll reimburse to clear the driveway and a path to one door. The limits are \$15 per time in town or \$20 per time in the country. (We reserve the right to pay less than the maximum when the snowfall is slight and/or fast melting.) Clearing additional walkways will not be covered.

If a snowstorm lasts for more than one day or is very heavy, it will be given special consideration. We want you to be able to get in and out of your house and get help as you need it. For special circumstances, please contact us right away

HOUSEHOLD INFORMATION (Please list everyone in the household. Use additional sheets if necessary.)

	Applicant	Spouse/Other Adult	Child 1	Child 2
Name (First, MI, Last)				
Social Security #				
Birthdate				
Hispanic Heritage: (Y/N)				
Sex (M/F)				
Marital Status				
Relationship to Applicant				
Race				
Student (Y/N)				
Education Level				
School District				

Is anyone disabled? Yes No If yes, list who and type of disability: _____

Any maiden name or former names used: _____

I have read and understand my rights and responsibilities and I received a separate copy for my records.

Applicant Signature: _____
Date

Spouse/Other Adult Signature: _____
Date

Street Address: _____

Telephone: _____

Mailing Address: _____

City, State, ZIP: _____

Please complete the following income information. Further documentation or additional verifications may be required.

DO YOU RECEIVE ANY OF THE FOLLOWING	YES	NO	PERSON(S) RECEIVING	GROSS AMOUNT PER MONTH
MFIP				
General Assistance				
MSA				
Food Support				
Medical Assistance				
Child Support				
Social Security				
SSI				
Veteran's Pension				
Other pension(s)				
Wages				
Self-employment (farm/sales/etc.)				
Tips or commission				
Payment in kind (housing/food/etc.)				
Unemployment Compensation				
Workers Compensation				
Pensions and Annuities				
Interest or dividends				
Rental payments				
Contract for deed payments				
Other (explain)				