



WCMCA Home Care & Repair

Client Packet

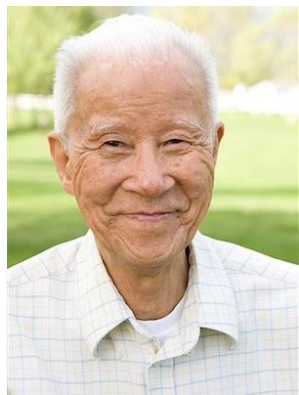


Table of Contents

Welcome	3
West Central Minnesota Communities Action.....	4
Client Conduct.....	5
Client Process.....	6
Eligible Services.....	7
Fee Schedule	9
COVID-19 Guidelines	9
Client Signature.....	Error! Bookmark not defined.

Welcome

Dear Valued Client,

Thank you for your interest in the WCMCA Home Care & Repair program.
We are excited to have you as a client!



We have provided you with a few forms which need to be completed by you or your authorized power of attorney, then returned to us in the postage-paid envelope. We do need them returned to us before we can begin to request services for you. This client packet is yours to keep.

You will also see our fee schedule, effective January 18, 2021.

Please try to request all services by Monday at noon for the following week or later. This gives us time to try to match your request with one of our dedicated, amazing volunteers.

If you ever have any questions, please call or email me. The number for WCMCA Home Care & Repair is 218-685-7008. I am available 8:00 am - 4:30 pm on Monday-Friday, excluding federal holidays.

If a volunteer shares their cell phone number with you, then you are certainly free to call them as well, if you have a service scheduled with that volunteer. Please do not call the volunteers if you don't have a service scheduled with them.

Again, thank you for allowing us to be of service. We look forward to providing you with the level of excellence for which we have become known.

Sincerely,

Frannie Hunter

Frannie Hunter
Administrative Assistant
frannieh@wcmca.org

West Central Minnesota Communities Action



WEST CENTRAL MINNESOTA
Communities Action

The Community Action Promise

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

Mission Statement

Partnering to build community and empower people to overcome poverty and achieve their full potential.

Staff Contact

Frannie Hunter

Administrative Assistant

frannieh@wcmca.org

Direct line: 218-685-7008

Toll-free: 800-492-4805, Ext. 7008

John Jirik

Lead Maintenance Provider

johnj@wcmca.org

Office: 320-304-3458, Ext. 7218

Cell: 320-219-3881

Alissa Smith

Special Projects Coordinator

alissas@wcmca.org

Office: 320-304-3458, Ext. 7213

After business hours: 218-770-0381

Policies and directives contained herein are subject to change with or without notice at the sole direction of company officials.

Manual updated July 2021

Client Conduct

It is our mission to provide safe, comfortable and successful experiences to all our valued clients. You are the reason why we are here; it is our pleasure to serve you.

To ensure a level of uniformity in behavior and to assist the program in maintaining its quality service, please read the following brief requirements. Then, sign at the end of the packet where indicated. Your participation and cooperation are greatly appreciated.

1. Avoid discussing controversial issues with your volunteer. Many people have very strong beliefs about:
 - Religious positions
 - Political matters
 - Racial issues
 - Social issues such as immigration, gender and sexual orientation, other countries of origin

NOTE: This list is not all-inclusive. As a reminder, we recommend keeping the conversation light and avoiding “hot-button” topics.

2. Please call WCMCA Home Care & Repair directly to request services (218-685-7008); don't call the volunteer. After your appointment is arranged, if the volunteer chooses to share their phone number with you, you may call them to discuss the appointment.
3. No appointment is guaranteed. It is preferred that clients request an appointment by Monday at noon for the following week to be able to better assist the clients and volunteers.
4. When requesting a service through WCMCA Home Care & Repair, please notify us if you have a pet. Some volunteers might be allergic or have other special situations regarding pets. Please let us know if you have a service animal that always needs to be with you. We may need to request a different volunteer for the appointment.
5. WCMCA Home Care & Repair holds the right to deny appointments if clients do not follow this code of conduct.

Client Process

Request Services

1. Call **218-685-7008** to request a service.
2. Verify that you are 65+ years of age.
3. Be prepared to give WCMCA the following information:
 - Your name
 - Date of service requested
 - Location of service requested
 - Type of service requested
 - Length of time needed for service
 - Start time
 - End time

NOTE: Modifications to your appointment cannot be made via voicemail.

Weather

If you are unable to keep your appointment because of weather conditions, please call the Administrative Assistant at 218-685-7008 and they will notify the volunteer. If we are closed, please call the Aging Well Coordinator and they will contact the volunteer.

Eligible Services

Eligible

Non-Eligible

LEAD MAINTENANCE PROVIDER	
BASIC REPAIRS	Major repairs needing specific contractor services, electrician, plumber, etc.
Window, door, flooring repairs	
Small plumbing leaks: toilet, faucet	
Slow drains	
Light switch/outlet replacement	
PERIODIC MAINTENANCE	
Change furnace & air conditioning (AC) filters	
Clean AC units	
Clean / inspect appliances: dryer vent, refrigerator coils, bath fans	
EXTERIOR MAINTENANCE	
Clean gutters	
Minor siding, trim and gutter repair	
Stair and handrail repair	
Sidewalk and driveway crack repair	

Eligible

Non-Eligible

HOMEMAKER SERVICES	
Basic kitchen cleaning – including dishes	Bathing
Sweeping	Distributing medications
Vacuuming	Moving, lifting or physically assisting clients
Dusting	Dressing or grooming
Cleaning floors	Cooking
Bed making	
Laundry	
Emptying trash cans	
Closet cleaning – when no other cleaning is needed; client must provide directions	
Grocery shopping – client can call in list for pickup or give Homemaker list to shop. Specific brands identified as needed. (Client cannot ride in volunteer’s vehicle.)	

Eligible

Non-Eligible

CHORE SERVICES	
CHORES	Gardening
Cleaning windows inside & out	Hand weeding
Scrubbing bathtubs, toilets, etc.	Planting
Cleaning appliances: stove, refrigerator	Moving belongings to offsite location
Help organizing: counters, storage areas, garage	Ice dam removal
Boxing of items for storage and/or moving	Roof shoveling
Filling water softeners	
Moving furniture	
BASIC HOME MAINTENANCE	
Changing light bulbs	
Tightening loose furniture	
Hang pictures or shelves	
YARD MAINTENANCE	
Mowing, trimming, garden tilling	
Raking	
Light landscaping, tree and shrub trimming	
Cleanup of fallen limbs and branches	
SNOW REMOVAL	
Shovel driveway, sidewalk	
Roof raking (bottom edge)	

Fee Schedule

Annual enrollment fee is \$45.

In addition, to help sustain these services and to comply with grant funders, individuals will be asked to share in the cost of the service, or a portion of the cost, based on ability to pay. These *cost sharing fees will be based on a self-proclaimed net income as well as household size.

Single Person Net income up to...

INCOME	COST PER HOUR
Tier 1- \$12,060	\$8/hour
Tier 2- \$15,075	\$12/hour
Tier 3- \$18,090	\$16/hour
Tier 4- \$21,105	\$20/hour
Tier 5- \$24,120	\$24/hour

Household of two; Net income up to...

INCOME	COST PER HOUR
Tier 1- \$16,240	\$8/hour
Tier 2- \$20,300	\$12/hour
Tier 3- \$24,360	\$16/hour
Tier 4- \$28,420	\$20/hour
Tier 5- \$32,480	\$24/hour

*Cost sharing fees are subject to change

COVID-19 Guidelines

Follow all COVID-19 guidelines.

- Wear face coverings which cover your mouth and nose.
- Maintain 6 feet of physical distance from individuals whenever possible.
- Practice good hand hygiene.
- If any of the situations below apply to you, we ask that you call us at (218-685-7008) and notify us of your situation.
 - If you are feeling sick; or
 - If you are waiting for the results of a COVID-19 test; or
 - If you have tested positive for COVID-19 on or before the day of your ride; or
 - If you have been in contact within the last 72 hours with a person who has COVID-19; or
 - If you've had COVID-19 and it's been less than 10 days since the onset of symptoms.

NOTE: If any of the situations above apply to you, we ask that you please cancel your appointment.



WCMCA Home Care & Repair - Client

WCMCA MISSION STATEMENT

"Partnering to build community and empower people to overcome poverty and achieve their full potential."

PROMISE OF COMMUNITY ACTION

"Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other."



West Central MN Community Action (WCMCA) is committed to providing the best service possible for all our clients. The information requested in this application is used to inform funding sources of our activities and is often required for their records. We measure our progress and work to improve our outcomes each year, with a goal of meeting or exceeding the needs of all our clients.

Thank you for choosing West Central MN Communities Action's WCMCA Home Care & Repair program to assist you with your house cleaning and/or chores. Our goal is to help older adults remain independent and living in their homes, as long as it is safe to do so, by offering services our clients may need assistance in completing.

Please complete and sign all forms enclosed and return them in the envelope provided.

Fees for the services are determined by your net income and household occupancy. We believe our rates are very competitive and know you will be served by a caring and competent worker/volunteer. We also want to inform you of our commitment to you in this effort, and your rights in regard to this agreement.

- **Homemaker and Chore Services Application**

This information is collected at the time of intake or on the first visit to the home. One application is needed per household.

- **Client Agreement**
- **Client Rights**

If you have any additional needs at this time or in the future, please let us know. If you have a neighbor, friend or acquaintance that you believe may need a little help, please refer them to our service. We look forward to working with you.

Sincerely,

Frannie Hunter

Frannie Hunter, Administrative Assistant

1910 Aga Drive, Suite 206

Alexandria, MN 56308

frannieh@wcmca.org

218-685-7008



WCMCA Home Care & Repair

Client Agreement

You have agreed to be a client of the WCMCA Home Care & Repair program administered by West Central MN Communities Action (WCMCA). As a client of this program, you may request home assistance from staff/volunteers sent to your home. WCMCA recruits and screens all volunteers. Staff/volunteers will help you with items such as homemaking, household chores, or home maintenance. Home maintenance or related projects may require additional resources or materials, which you agree to provide.

To make our program successful and for providing staff/volunteers to complete projects for you, you agree as follows:

1. You will notify our office of any problems you may experience with the assistance provided around your home by our staff/volunteers.
2. You agree that all jobs done for you by any staff/volunteer from the WCMCA Home Care & Repair program will be arranged through our office. You will not hire, employ or contract directly with any staff/volunteer from West Central MN Communities Action, to do other work for you.
3. You may discontinue services at any time. However, you agree that for a period of one year following your use of the WCMCA Home Care & Repair program, that you will not hire, employ or contract directly with any staff/volunteers we had perform the services for you.

Any dispute that arises will be handled by mediation agreed to by both parties.

Client Signature

Date

WCMCA Home Care & Repair
1910 Aga Drive, Suite 206
Alexandria, MN 56308
frannieh@wcmca.org
218-685-7008



WCMCA Home Care & Repair

Client Rights

CLIENT RIGHTS

Services of this program are provided in accordance with Department of Human Rights Affirmative Action and Non-Discrimination requirements and is for use by all people aged 65 and over, regardless of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in local commission, disability, sexual orientation or age.

1. The right to receive services according to a suitable and current plan.
2. The right to refuse services.
3. The right to know about the capabilities and limitations of services provided by WCMCA.
4. The right to be served by people who are properly trained and capable of performing associated duties.
5. The right to have medical, financial and personal records kept private.
6. The right be treated with courtesy and respect, and to be free from physical or verbal abuse.
7. The right to be allowed access to records and written information from records in accordance with state statutes.

GRIEVANCE OR COMPLAINTS

Any individual who feels he or she has been denied the opportunity to participate in this program or has a complaint should follow the procedure below:

1. Complaints, grievances or concerns regarding services should be directed to the West Central MN Communities Action Aging Well Coordinator.

Alissa Smith, Special Projects Coordinator
West Central MN Communities Action, Inc.
1910 Aga Drive, Suite 206
Alexandria, MN 56308
320-304-3458, Ext. 7208

CLIENT RESPONSIBILITIES

1. Participate in the development and execution of the service plan.
2. Provide a safe work environment for our staff/volunteers.
3. Notify our office at least 24 hours in advance when scheduled visits cannot be kept.
4. Promptly pay the agreed upon hourly rate to WCMCA for services provided.

PAYMENT POLICY

Clients are asked to contribute to the cost of services required. Based upon net income and household size, an hourly rate is provided. Your contribution of cost helps to support the continuation of the program. Do not give money directly to staff/volunteers for services, supplies or materials. Statements will be sent out monthly.

Client Signature

Date

Consent for a Use of Private Data

By West Central MN Communities Action, Inc.

WCMCA MISSION STATEMENT

“Partnering to build community and empower people to overcome poverty and achieve their full potential.”

PROMISE OF COMMUNITY ACTION

“Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.”



MINNESOTA CAP60 - NOTICE & CONSENT

We collect personal information about the people we serve and store this information in the CAP60 computer system.

Why?

- To determine your eligibility in our programs and suggest other programs (based on eligibility).
- So we can report the number of individuals our Agency has served and continue to receive funding for those services.
- So we can determine the services needed by individuals in our communities.

Your Rights

- You have the right to see and obtain copies of the data maintained on you. (Unless we cannot give it because of certain legal proceedings.)
- You have the right to be told the contents and meaning of the data.
- You have the right to challenge the accuracy and completeness of the data.

To exercise these rights, contact, (in writing):

Missy Becker-Cook, Chief Executive Director
West Central MN Communities Action
411 Industrial Park Blvd
Elbow Lake, MN 56531

Print: First and Last Name

Date of birth

My signature shows that I understand the language in this document above, that I agree with these terms, and that I permit WCMCA to enter my personal information into the CAP60 computer system.

Signature of Client or Guardian

Date



WEST CENTRAL MINNESOTA
Communities Action

WEST CENTRAL MINNESOTA COMMUNITIES ACTION, INC.

411 Industrial Park Blvd, Elbow Lake, MN 56531

218-685-4486 or 800-492-4805

Fax: 218-685-6741

Authorization to Release Information

Name of Applicant

Date of Birth

I authorize the release of information about me to West Central MN Communities Action for the sole purpose of providing my homemaking or chore services. I understand that this includes the staff/volunteer(s) that is assigned to provide my services. This information will be limited to what is necessary to provide services to me safely.

_____ *Client initials* Verbal release given on _____ *Staff initials* _____

I authorize the following entities to release and exchange information about me/us for the sole purpose of assisting me in accessing services that will allow me to be healthy, active and remain in my home.

(please check those that apply)

Social Services

HRA

United Way

Experience Works

Attorney

Public Health

Parole Officer

The Salvation Army

Veterans Service Office

Landlord/Nursing Home/Assisted Living

Friend or Family Member (name): _____

Other: _____

I/we understand that the information will not be disclosed to other sources unless specifically authorized by law or written consent. I/we understand that I/we may refuse to release this information and the consequences of this refusal have been explained to me.

I/we understand that I/we may revoke this consent at any time (not retroactive) provided that I/ we submit this revocation in writing. Authorization will automatically expire one year from the date of the signature below.

Client Signature

Date



WEST CENTRAL MINNESOTA
Communities Action

Discrimination Policy

West Central MN Communities Action, Inc. will not discriminate. Our services will not discriminate against persons based on:

- Race
- Color
- Creed
- Religion
- National origin
- Gender
- Marital status
- Status regarding public assistance
- Disability
- Sexual orientation
- Age

If you need some type of assistance or accommodation to fully use our services, please tell any staff member. If you believe West Central MN Communities Action, Inc. has discriminated against you, or if you believe we have not accommodated your need, you may file a complaint with:

Missy Becker-Cook, Chief Executive Director
West Central MN Communities Action, Inc.
411 Industrial Park Boulevard
Elbow Lake, MN 56531
1-218-685-4486, Ext. 0 or 1-800-492-4805, Ext. 7063

I have reviewed West Central MN Communities Action, Inc.'s Discrimination Policy and have been given a copy of this policy for my records:

Client Signature

Date

YOUR PRIVACY RIGHTS: THE TENNESSEN WARNING

This sheet tells you about your rights under the Minnesota Government Data Practices Act. This act protects your privacy but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you.

Why do we ask for this information?

We may ask you for information so we can:

- Tell you from other persons who have the same name or a similar name
- Decide if you are eligible to receive services from West Central MN Communities Action
- Assist you in getting medical, mental health, financial or social services from outside agencies
- Make reports, do research, audits and evaluate our programs
- Advocate for additional services as determined by your needs

Do you have to answer the questions we ask?

Generally, the law does not say you have to give us information. However, without some of the information requested, we may not be able to find the appropriate help for you. Giving us incorrect information or not providing complete information may delay or eliminate some services you would be eligible to receive.

With whom may we share the information we are requesting?

The following are examples of agencies or organizations we may need to share information with on your behalf and are not intended to provide a complete list. This does not mean we always share information about you with these people.

- Social services
- Mental health centers
- Child support workers
- Medical facilities
- Minnesota Department of Economic Security
- Minnesota Housing
- Minnesota Department of Human Services
- Minnesota Office of Economic Opportunity
- Housing and Urban Development
- Community Food Shelves
- Higher education facilities
- Court Officials
- Anyone else the law says we must provide information to

You have the right to copies of information about you:

You may ask if we have any information about you. If we have information about you, you may ask for copies. You may have to pay for these copies. You may give other people permission in writing to see and have copies of private data about you. If you have any questions about the information, you may ask to have it explained to you.

How do you appeal if you think information is not accurate or complete?

Your objection must be in writing and must be sent to:

Missy Becker-Cook, Chief Executive Director
West Central MN Communities Action, Inc.
411 Industrial Park Boulevard, Elbow Lake, MN 56531

You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask a staff member.

If you have any questions about the information on this form, ask a staff member.

I understand my rights and have been given a copy for my records.

Client Signature: _____ Verbal Consent from Client Received by: _____

Date: _____ Staff Signature: _____

Copy of signed form sent to client



WCMCA Home Care & Repair COVID-19 GUIDELINES

Follow all COVID-19 guidelines.

- Face coverings which cover your mouth and nose are required to be worn
- Maintain 6 feet of physical distance from individuals whenever possible
- Practice regular hand hygiene, avoid touching your nose, mouth or eyes
- We ask that you take every precaution to maximize distance from other individuals and avoid contact with high touch surfaces as much as possible.
- If any of the situations below apply to you, we ask that you call us (218-685-7008) and notify us of your situation.
 - If you are feeling sick; or
 - If you are waiting for the results of a COVID-19 test; or
 - If you have tested positive for COVID-19 on or before the day of your ride; or
 - If you have been in contact within the last 72 hours with a person who has COVID-19; or
 - If you've had COVID-19 and it's been less than 10 days since the onset of symptoms.

NOTE: If any of the situations above apply to you, we ask that you please reschedule your services.

Thank you for reading and, by your signature, agreeing to these guidelines.

Your signature: _____

Date: _____

Live Well At Home Rapid Screen[®]

Older Adult Name:		Family Caregiver Name:	Screen Date:
1.	Do you need help to do the following? a) Walking b) Getting out of bed/chair c) Going to the bathroom d) Bathing e) Dressing f) Eating	Answers: a, b, c, d, e, f If 2 or more circled → SCORE = 2	<input type="checkbox"/>
2.	During the last 6 months, have you had a fall that caused injuries? Yes No NOTE: "Injuries" means fracture or joint dislocation, head injuries resulting in loss of consciousness and hospitalization, joint injuries that led to decreased activity, internal injuries that led to hospitalization OR 3 or more of any falls.	IF YES circled → SCORE = 2	<input type="checkbox"/>
3.	Do you have a family member/friend give you help when you need it? Yes No	If NO circled → SCORE = 2	<input type="checkbox"/>
4.	Does your caregiver feel overwhelmed or stressed because of the care they provide you? Yes No	If YES circled → SCORE = 2	<input type="checkbox"/>
5.	Have you thought about moving to other housing? (i.e. nursing home, assisted living or other housing with services) Yes No If YES, where have you considered moving to?	If answered NURSING HOME or ASSISTED LIVING (i.e., Housing With Services) → SCORE = 2	<input type="checkbox"/>
6.	Do you live alone? Yes No	If YES circled → SCORE = 1	<input type="checkbox"/>
7.	Do you or your family have concerns about your memory, thinking, or ability to make decisions? If YES, are you: Very concerned Somewhat concerned Not concerned?	If VERY CONCERNED circled → SCORE = 2 If SOMEWHAT CONCERNED circled → SCORE = 1	<input type="checkbox"/>
TOTAL SCORE (Sum of Scores For Items 1 Through 7) =			<input type="checkbox"/>
Score and Risk Category 0 = No Risk 1 = Low Risk 2 = Moderate Risk 3 and higher = High Risk			

Copyright 2008, Minnesota Board on Aging, State of Minnesota Revised 05.01.14



WCMCA Home Care & Repair

Client Application

Client Name (Adult #1): _____ Birthdate: _____

Client Name (Adult #2): _____ Birthdate: _____

Street & Mailing Address: _____

City/State/Zip: _____ County: _____

Home Phone: () _____ Cell: () _____ Email: _____

Preferred method of contact: Home Phone Cell (call and/or text) Email

Do you own your home? Yes / No Are you a household of one or two? _____

What is your net annual income? _____

Ethnicity: _____ Are you a veteran? Y / N

African > African-American/Black > American Indian/Alaskan Native/Native Hawaiian > Asian > Caucasian/White > Hispanic/Latino

Do you identify as an immigrant / foreign-born US citizen? Y / N Do identify as LGBTQ? Y / N

Do you receive additional services through WCMCA? Y / N

List services: _____

How can we help you? What specific services are needed?

Please check the appropriate request: Do you have the supplies/tools needed for each item?

LEAD MAINTENANCE PROVIDER

BASIC REPAIRS

- Window, door, flooring repair
- Small plumbing leaks: toilet, faucet
- Slow drains
- Light switch/outlet replacement

Is there water damage? Yes / No

Are all drains slow or just one? _____

PERIODIC MAINTENANCE

- Change furnace & air conditioning (A/C) filters
- Clean A/C units
- Clean/inspect appliances: dryer vent, refrigerator coils, bath fans

Do you have filters? Yes / No

Are the appliances working? Yes / No

EXTERIOR MAINTENANCE

- Clean gutters
- Minor siding, trim and gutter repair
- Stair and handrail repair
- Sidewalk and driveway crack repair

Are the sidewalk or driveway a trip hazard? Yes / No

Other – please specify _____

HOMEMAKER

<input type="checkbox"/> Basic kitchen cleaning – including dishes
<input type="checkbox"/> Sweeping
<input type="checkbox"/> Vacuuming
<input type="checkbox"/> Dusting
<input type="checkbox"/> Cleaning floors
<input type="checkbox"/> Bed making
<input type="checkbox"/> Laundry
<input type="checkbox"/> Emptying trash cans
<input type="checkbox"/> Closet cleaning – when & no other cleaning is needed
<input type="checkbox"/> Grocery shopping - call in list for pickup or give list to shop. Specific brands identified as needed. (Client cannot ride in volunteer's vehicle.)

Is there more than 1 days' worth of dishes? Yes/No

How many rooms need sweeping? _____

How many rooms need vacuuming? _____

How many floors need cleaning? _____

How many beds need to be made? _____

How many loads of laundry? _____

Note: Client must provide directions

Is it grocery pickup or grocery shopping? (circle one)

Other – please specify _____

CHORE

CHORES

<input type="checkbox"/> Cleaning windows <input type="checkbox"/> Inside <input type="checkbox"/> Outside
<input type="checkbox"/> Scrubbing bathtubs, toilets, etc.
<input type="checkbox"/> Cleaning appliances: stove, refrigerator
<input type="checkbox"/> Help organizing: counters, storage areas, garage
<input type="checkbox"/> Boxing of items for storage and/or moving
<input type="checkbox"/> Filling water softeners
<input type="checkbox"/> Moving furniture

Is a ladder needed? Yes / No

How many boxes? _____

Are two people needed? Yes / No

BASIC HOME MAINTENANCE

<input type="checkbox"/> Changing light bulbs
<input type="checkbox"/> Tightening loose furniture
<input type="checkbox"/> Hanging pictures or shelves

YARD MAINTENANCE

<input type="checkbox"/> Mowing
<input type="checkbox"/> Garden tilling
<input type="checkbox"/> Raking
<input type="checkbox"/> Light landscaping, tree and shrub trimming
<input type="checkbox"/> Cleanup of fallen limbs and branches

What is the size of the yard? _____

What is the size of the garden? _____

What is the size of the yard? _____

Is disposal assistance needed? Yes / No

Is disposal assistance needed? Yes / No

SNOW REMOVAL

<input type="checkbox"/> Shovel driveway, sidewalk
<input type="checkbox"/> Roof raking (bottom edge)

How big is the driveway? _____

Are ice dams present? Yes / No

Other – please specify _____

Homemaker and Chore Services Application cont.

How often are services needed?

Weekly Bi-weekly Monthly As Needed

What days are best for you?

Monday Tuesday Wednesday Thursday Friday

Times: _____

Do you have a pet? Yes / No If yes, what kind? _____ Is the pet inside or outside? I / O

Additional notes: _____

HOMEMAKER/CHORE CLIENTS, PLEASE NOTE:

1. WCMCA Home Care & Repair coordinates and provides only the staff/volunteer to perform the requested home-based services. Cleaning supplies, tools and equipment will be the responsibility of the client (i.e. garbage bags, dusting rags, all-purpose cleaner, rake, shovel, lawn mower, etc.). WCMCA is not responsible for damages to supplies, tools, equipment and property.
2. **Clients must be present during services. Staff/volunteers will not provide services while client is out. Please call and reschedule at least 24 hours in advance if the day/time of services does not work for you.**
3. WCMCA follows up on the services performed to ensure satisfactory completion and to assess future needs.
4. Fees for services are based upon program costs and are used to help maintain the operation of the program. Determination of eligibility to cost share is based on self-reporting of net household income.
5. Services are provided according to staff/volunteer availability, regardless of your ability to contribute financially.
6. After the service is completed, you will receive a monthly invoice noting the hours of service devoted to your home.
7. WCMCA follows a cancellation policy, which states that WCMCA will hold ongoing slots for clients (i.e. weekly, monthly) if clients are able to hold the appointment. WCMCA will open the slot to others after three client cancellations or failures to notify our staff of the cancellation.
8. WCMCA protects this information, adhering to established MN Data Practices procedures.

Client Signature

Date