



LONGMONT SENIOR SERVICES SNOW CHASER PROGRAM



Client Application

Please complete this application and return it to:

Longmont Senior Services
910 Longs Peak Avenue
Longmont, CO 80501
Phone (303) 651-8495
Fax (303) 651-8413

Client Information: (please print)

Name: _____
Address: _____
City: _____ Zip: _____
Home Phone #: _____ Alternate Phone: _____

Contact Name (if different from client): _____
Contact Phone #: _____

When do you need help?

_____ For the season (through April)
_____ For the following period of time (i.e. because of an illness or injury) _____

Do you have any special needs or requests you would like us to know about and consider? *(This may include your hope for the walkway to your door to be cleared or that you have a corner lot.)*

Eligibility:

This program is for households of seniors (55+) and/or disabled people who are physically and financially unable to clear their sidewalk of snow. To income qualify, a 1-person household can earn no more than \$44,800 annually, and a 2-person household can earn no more than \$51,200 annually.

Are you a senior (55 or older)? Yes _____ No _____

Are there any non-seniors in the household? Yes _____ No _____

Are you permanently disabled? Yes _____ No _____

Are you temporarily disabled? Yes _____ No _____

Do you income qualify? Yes _____ No _____

General Information:

Please read the following general information and initial each line to indicate that you have read, understood, and accept what is written:

_____ This program is designed to help people stay in compliance with the city snow ordinance. Therefore, you have **24 hours after a snowfall** to clear the **public sidewalk**.

_____ Snow Chasers are not paid by the city to clear sidewalks. They are volunteering their time and efforts and using their own tools; therefore, we recommend you introduce yourself and thank them for their efforts.

_____ You may have an interest in getting to know your volunteer better, but please do not invite them in to your home or ask them to do extra chores. Please contact us at 303-651-8495 if you have questions about this item.

_____ This is a very limited resource and we encourage a sense of community by having friends, neighbors, and family be the first choice in helping you.

_____ We will give your Snow Chaser your name and phone number, so that they may contact you if they are unable to help.

_____ If you would like the walkway to your door or driveway cleared or by a certain time, we would be glad to ask, but it may not be possible.

_____ We request the Snow Chaser monitor the weather and shovel your sidewalk within 24 hours after the snow has stopped falling.

_____ If the snow will likely melt within that 24-hour period of time, the Snow Chaser may not come.

_____ Snow Chasers are not responsible for providing Ice Melt or getting rid of ice. However, some can help. Please let us know if you need help with that.

_____ If someone else has cleared your sidewalk, you are responsible for calling your Snow Chaser (or 303-651-8495) to tell them, so that they don't waste their time going to your home.

_____ When we have found a Snow Chaser for you, we will let you know their name and approximately when you will see them.

_____ This is an annual program. Please complete an application each season you would like to be involved.

Authorization:

I qualify for this program and agree to the conditions stated in the General Information section.

Signature

Date

