

Wichita and Affiliated Tribes



Elders lawn mowing program application

Applicant information

Name: _____

Phone: _____	Email: _____
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Current address: _____

City: _____	State: _____	Zip code: _____
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Alternate contact name: _____	Alternate phone: _____
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Proof of residence

You must have one of the following to prove residence:

1. Utility bill in clients' name with corresponding address to the home benefitting from assistance
2. Two notarized letters from non-relatives affirming client residence
3. A property rental/ lease agreement or invoice in the clients' name for the home benefitting from the assistance
4. A notarized statement from the spouse or guardian of the client affirming residence of the client and a utility bill in spouse name with corresponding address to the home benefitting from the assistance.

Elder Qualification

You must have a copy of your CDIB card to prove "elder" qualification:

Special Need Qualification

Applicant must supply sufficient documentation to established and demonstrate need for services being provided or notarized narrative describing and attesting to the need.

Do you have the required documentation to establish "special need?" Y / N (circle one) [documentation must be attached]

Statement Of Understanding Of Damages Incurred & Certification

I understand that by signing this application that when services are rendered incidental damage may occur to property. Further, I understand that the Wichita and Affiliated Tribes are not responsible for any damage incurred to property while performing services. I certify that all the statements that I have made in this application are true. I further certify that I have and understand the guidelines on the back of this document.

Name of applicant or guardian(print):	
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Name of applicant or guardian (signed):	
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	Date: _____
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******Office Use Only******

Supporting documents have been supplied and attached to this application.	Y / N (circle one) Initial _____
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Wichita and Affiliated Tribes



Applicants name is on the waiting list for services.

Y / N (circle one) Initial _____

Elder Lawn Mowing Program

Guidelines

The following are the approved criteria clients need to meet to receive assistance:

1. Client must be a Wichita and Affiliated Tribes tribal member.
2. Client must be a Tribal Elder (age 55 years or greater)
3. If not a Tribal Elder, client may receive assistance by demonstrating **special need** through documentation of need or through notarized personal narrative.
4. Client must establish residence at the home benefiting from the assistance.
5. Residence is established by one (1) the following:
 - a. Utility bill in clients' name with corresponding address to the home benefiting from the assistance.
 - b. Two notarized letters from non-relatives affirming client residence.
 - c. A property rental/lease agreement or invoice in the clients' name for the home benefiting from the assistance.
 - d. A notarized statement from the spouse or guardian of the client affirming residence of the client and a utility bill in spouse's name with corresponding address to the home benefiting from the assistance

Additional guidelines:

- Clients will be served on a first come first serve basis after approval
- Clients will be notified and asked to schedule a reasonable time for the assistance.
- Clients may reapply for additional assistance twenty-one (21) days after service was rendered.
- Lawn size is limited to no more than 1 acre.