



96 Russell Street  
PO Box 1469  
BATHURST NSW 2795  
Ph: 02 6332 2106  
Fax: 02 6332 3229  
[www.binc.org.au](http://www.binc.org.au)  
hmmadmin@binc.org.au  
ABN 73 997 917 961  
Licence Number 4913c

## Lawn Mowing Service Application

This Lawn Mowing service is provided to the HACC target population of the frail aged and younger people with a disability and their carers. Priority for service is directed to persons within the target population most in need.

*All information is treated as confidential and is treated in accordance with Privacy legislation.*

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Do you identify as an Aboriginal or Torres Strait Islander person?

No  Yes  Please specify: Aboriginal  Torres Strait Islander  Both

Country of birth \_\_\_\_\_

Ethnicity \_\_\_\_\_

Language Spoken \_\_\_\_\_

## Are you?

Frail aged (over 65 with moderate to severe disability)?

Yes  No

A younger person with moderate to severe disability?

Yes  No

The carer of a person with moderate to severe disability?

Yes  No

Do you have or do you care for someone who has dementia?

Yes  No

Do you live with an aged or disabled carer?

Yes  No

Do you have a health related condition that limits your mobility?

Yes  No

Do you receive other services such as Home Care, MOW, Veterans Affairs Home Care, District Nursing?

Yes  No

Have you been hospitalised multiple times in the last 6 months?

Yes  No

Briefly detail why you or a member of your household cannot mow the lawns.

---

---

## Usual living arrangements

Do you live:

With spouse/partner ONLY

Alone

With other relatives / persons

Do you:

Own your own home

Private Rental

Public Tenant

## Source of Income

Do you receive a Government pension?

Part pension

Full pension

Pension type

Pension No.

Other (specify)

Pension Concession Card No.

Other (please specify) \_\_\_\_\_

## How your lawns are currently maintained?

Who mows the lawn?

Self  Family member  Paid service

Neighbour  Friend  Other

How long does it take? \_\_\_\_\_

How much does it cost? \_\_\_\_\_

Work requested (briefly describe the work required)

---

---

## Emergency contact person/carer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

---

Relationship to applicant: \_\_\_\_\_

## Where did you hear about the service?

- Occupational Therapist
- Health service (Community nurse, hospital)
- Support Service such as Home Care, MOW
- Department of Housing
- Relative or friend
- Other

The Neighbourhood Centre Builders wish to advise you that statistical information will be passed on to the Australian Government Department of Social Services and the NSW Department of Ageing, Disability and Home Care in a way that protects your identity.

This information is needed to plan for the future service needs of people who are aged, have disabilities or their carers. Your details will not be passed on without consent UNLESS there are concerns for others or your safety or if legally required.

You have the right to withdraw consent and your personal file may be viewed if you ask to see it.

Your signature below will confer your consent UNLESS you tell us otherwise.

I declare the information provided is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

**Office Use Only**

Priority Rating:                      High                      Medium                      Low

Service Eligibility:                      Yes                         No  

Service Agreement offered:                      Yes                         No  

Placed on waiting list:                      Yes                         No  

Letter notifying ineligibility sent:                      Yes                         No  

Letter notifying placed on waiting list sent:                      Yes                         No