



BATHURST INFORMATION & NEIGHBOURHOOD CENTRE

HOME MODIFICATION & MAINTENANCE PROJECT



TELEPHONE: 6332 2106
FAX: 6332 3229



PO BOX 1469, 96 RUSSELL ST.,
BATHURST NSW 2795

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 _____

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

Yes No

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 Home Modification and Maintenance Service wishes to advise you that statistical information will be passed on to 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 _____

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