



## **GARDEN MAINTENANCE SCHEME**

This is available for those needing help with **basic garden maintenance**. To qualify, you must be either:

- (1) **70 years old, registered disabled or blind, or**
- (2) **Suffering from ill health and receiving Disability Living Allowance or Personal Independence Payment, which has been awarded as consequence of a physical or mental disability where the disability would impede your ability to maintain your garden - please complete the disability declaration overleaf, or**
- (3) **Aged between 65- 69 with a Doctor's certificate – see page 4 of form.**

There is no charge for the scheme at the moment.

**If there is another person living with you who does not fit into one of the above categories you will not be able to get help under this scheme.**

### **NOTES ABOUT THE SCHEME**

- Please return the application form to our office at New Almond House, 44 Etive Walk, Craigshill, Livingston, EH54 5AB.
- An inspection of your garden will be carried out to see if any additional work is needed before you join the scheme. There is no extra cost for this at the moment.
- If there are any changes to your circumstances, for example, if an able bodied person moves in with you or you buy or leave your house, please write to tell us about this.
- Almond Housing Association staff reserve the right to decide how much work can be done in your garden under the scheme.
- The grass will not be cut if there is any dog's dirt on the grass or if any large items such as garden furniture are left on the grass.
- Work is normally carried out between March and September each year.
- The gardeners will take all reasonable care and will leave your garden in as tidy a condition as they can.
- **Please note that joining the scheme is voluntary. Almond Housing Association will not accept liability for any damage to your property or anything in your garden.**



**Grass Cutting Scheme Application Form**

**Section 1**

Mr/Mrs/Miss/Ms First Name ..... Surname.....

Address..... Tel No.....

Date of Birth..... Age at date of application.....

**Please enter details of all persons living in your house apart from yourself.**

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>In receipt of DLA or PIP?</u> Yes/No
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**Section 2**

If you are **70 or over**, you do not have to fill in section 2.

Do you receive Disability Living Allowance or Personal Independence Payment? Yes  No

If yes please attach written **proof**. We cannot process your application without this.

**Section 3**

Do you need work done in your front garden only?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If work is needed in the back garden, do you have a back gate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can gardeners take machinery easily to your back garden?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your garden need regular maintenance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you need help once only?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you need help for a limited period only?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If 'Yes' please state how long you think you may need help.....

**Signed** ----- **Date** -----



**If you are in receipt of Disability Living Allowance or Personal Independence Payment please complete the declaration below.**

DISABILITY DECLARATION

I confirm that all persons named on this form are unable to maintain their garden due to disability.

Applicant name: \_\_\_\_\_

Household member's name(s) (if applicable): \_\_\_\_\_

\_\_\_\_\_

Type of Disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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



**If any person named in this application is aged between 65 – 69 and is unable to maintain their garden because of disability, the form must be signed by your Doctor (GP), Health Visitor or District Nurse.**

**An official stamp is required to confirm that the signature is provided by a Health Professional working for a recognised Medical Practice.**

DISABILITY DECLARATION

I confirm that all persons named on this form, aged 65 – 69, are unable to maintain their garden due to disability.

Applicant name: \_\_\_\_\_

Household member's name(s) (if applicable): \_\_\_\_\_

\_\_\_\_\_

Type of Disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

*Doctor/Health Visitor/District Nurse\* (\*delete whichever does not apply)*

Practice Stamp