



# PARK COUNTY SENIOR COALITION

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P.O. Box 309  
FAIRPLAY, CO 80440-0309

PHONE: (719) 836-4295  
e-mail: scofpc@parkco.us

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To Whom It May Concern:

Thank you for participating in our Snow Removal Assistance Program. This valuable service allows Park County seniors 60 years of age or older to receive financial assistance from the Coalition to help pay for snowplowing services.

Park County Senior Coalition does not have the current staffing to provide services directly, so the assistance program allows the client to use the provider of their choice. The Coalition involvement is only in verification of services rendered and supplemental payment. Background checks, reference checks, and job qualifications are the responsibility of the client. The Coalition accepts no responsibility for snow removal services.

Clients must register with the Coalition and provide proof of eligibility in order to receive service. Once registered, the client identifies a service provider, letting the Coalition know who they have chosen. The client is responsible for letting the Coalition know if the service provider changes. Services provided through an agency are currently being supplemented by the Coalition at a rate of up to \$50.00 per event. Voucher payment rates will vary depending on funding availability and the number of clients using the program. The Coalition will not pay a higher rate than the standard billing rate for services. (for instance, if the provider bills the client \$20/event regularly, the Coalition will pay \$20.00- rather than the maximum allowed.). The client is responsible for payment of any billing over the voucher rate.

The provider of snow removal services is responsible for providing documentation of services rendered, and an invoice for billing of services. Services rendered must note client name, date of service, hours provided, and a client signature. The invoice must be provided on a form with the name, address, and phone number of the provider. In the case of an agency, it must be on agency letterhead or an agency invoice. Invoices and paperwork will be submitted by the provider directly to the Park County Senior Coalition administrative office at the address above, to prevent delays in payment.

Invoices will not be paid until all of the paperwork is complete. Invoices are paid based on when they are submitted. Checks require two signatures and are generally paid on a two-week cycle. Park County Senior Coalition is a small office, so checks may be delayed by illness or absence of staff. One month would be the expected maximum wait for payment of an invoice.

Questions regarding this program should be directed to Bobbi A. Gore, 719-836-4295.

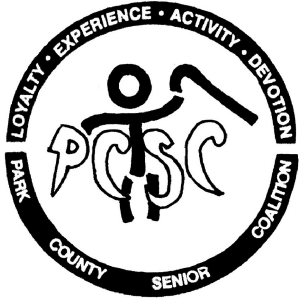
Bobbi A. Gore  
Executive Director

\_\_\_\_\_  
Client/Caregiver Signature

\_\_\_\_\_  
Date

4/2019

***The mission of Park County Senior Coalition, founded in 1977, is to assist senior citizens of Park County to remain in their homes as long as they wish and are able.***



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## SNOW REMOVAL REQUEST FORM

Client Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- Own Home
- Rent Home (with verification that landlord is not responsible for the requested service)
- Registration with Coalition is current (last 6 months).
- Client is 60 or older (funding requirement and Coalition requirement)
- Estimate attached, which includes client name & address, vendor contact info, and time it takes to complete job.
- Evidence of need exists- (funding requirement- describe below):

Why is client unable to perform the task themselves?

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Amount/Assistance requested: \_\_\_\_\_

I have read the letter on the back of this form and agree with all terms stated. To the best of my ability, I will provide an accurate estimate of cost for service. I will hire the vendor of my choice. I am responsible for payment of services received, and will pay any cost of service over the Coalition supplemental payment.

I understand that PCSC is not responsible for these providers or services. I do hereby agree to indemnify, hold harmless the Park County Senior Coalition, Region IV Area Agency on Aging and each of their officers, officials, employees, agents and volunteers from any and all loss, liability, fines, penalties, forfeitures, costs and damages that may occur. I also acknowledge I have the right to conduct background checks, or due diligence on any of my selected providers at my expense if I choose to do so. If I choose not to, I fully understand I may be at risk

I understand that donations are requested but not required, and choosing to donate/not donate has no impact on my eligibility or selection for service delivery.

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

For Office Use Only:

Decision:

- This request is fully funded: \_\_\_\_\_
- This request is partially funded: \_\_\_\_\_
- This request is denied

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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