

GARDEN MAINTENANCE SCHEME FOR RYKNELD HOMES TENANTS

APPLICATION FOR ASSISTED MAINTENANCE

The Assisted Garden Maintenance Service is available to tenants who meet one of the eligibility conditions below and don't have any family or friends within North East Derbyshire who can tend to their garden:

- | |
|---|
| • Have a terminal illness and live on your own |
| • Are older than 80 years of age and live on your own |
| • Have a severe physical impairment |
| • Have a severe sensory impairment |
| • Are supported by carer from a recognised agency |

If you think you may be eligible for assistance please complete this application form submitting copies of all relevant supporting information. One form should be filled out per resident aged 18 or over.

If you do not meet any of the above conditions then you will need to make your own arrangements for garden maintenance. Alternatively the Council can undertake this service for you at a cost – please see details below.

PERSONAL DETAILS

SURNAME: _____

FORENAME(S): _____

ADDRESS: _____

POST CODE: _____

DATE OF BIRTH: _____

(for identification and assessment purposes)

DAYTIME TELEPHONE NUMBER: _____

MOBILE PHONE NO: _____

APPLICATION FOR ASSISTED GARDEN MAINTENANCE

Please indicate which eligibility conditions apply to you:

Please tick the appropriate box

I am a Rykneld Homes tenant living at the address stated above

I am physically unable to maintain my private garden areas because:

I have a terminal illness (A)

I am older than 80 years of age (B)

I have a severe physical impairment (C)

I have a severe sensory impairment (D)

I am supported by carer from a recognised agency (E)

I live on my own

There are other resident(s) at the property but they are unable to undertake this task for me. Please note: A separate application will be required for each resident aged 18 or over.

I have no family or friends in the district who can undertake this task for me

Information for applicants who do not feel that they meet the criteria

If you do not meet any of the above conditions then you will need to make your own arrangements for garden maintenance. Alternatively the Council can undertake this service for you at a cost of £151.48* inclusive of VAT. This would be charged on a quarterly basis (£37.87) by invoice. Please note this service charge is not eligible for Housing Benefit and you will be responsible for the payment of this charge.

Please tick one box only

I do not meet the conditions for the free service. I instruct the Council to undertake the service for me at a cost, as detailed above.

If I do not meet the conditions for the free service, I undertake to make my own garden maintenance arrangements.

If I do not meet the conditions for the free service, please send me a new form so I can instruct the Council to undertake the service for me at a cost.

*. Price correct as of 1st April 2018 and subject to annual review.

SUPPORTING INFORMATION

(All information will be kept in the strictest confidence)

*****PLEASE PROVIDE EVIDENCE TO SUPPORT ELIGIBILITY CONDITIONS A,C,D & E
E.G. COPIES OF DISABILITY LIVING ALLOWANCE, ATTENDANCE ALLOWANCE
ETC*****

I attach copies of the following information in support of my application:

- | | |
|--|--|
| <input type="checkbox"/> Disability Living Allowance | <input type="checkbox"/> War Disablement Pension |
| <input type="checkbox"/> Personal Independence Payment | <input type="checkbox"/> Carer's Allowance |
| <input type="checkbox"/> Attendance Allowance | <input type="checkbox"/> Industrial Injuries Disablement Benefit |
| <input type="checkbox"/> Employment & Support Allowance
(Support Group Element) | |

NATURE OF INCAPACITY:

OTHER RELEVANT INFORMATION:

For those applying for assistance under eligibility condition E (I am supported by carer from a recognised agency) please provide details of the carer here:

If you are entitled to assistance we will notify you in writing and place you on the Council maintenance schedule. .

Using your personal information

Your personal information will be used to assess your eligibility for the assisted garden maintenance service and will be kept secure. It may be shared with third parties such as Rykneld Homes in relation to maintenance queries. For more information on how we use personal information please visit our website www.ne-derbyshire.gov.uk or call Customer Services on 01246 217610.

DECLARATION

I certify that all information given in this form is true and correct. I understand that false information will result in the cancellation of the assistance. I will notify the Streetscene Grounds Maintenance Team of any change in my circumstances.

Signed

Date

PLEASE RETURN THIS FORM TO:

NORTH EAST DERBYSHIRE DISTRICT COUNCIL
STREETSCENE – GROUNDS MAINTENANCE
ROTHERSIDE DEPOT
ROTHERSIDE ROAD
ECKINGTON
DERBYSHIRE
S21 4HL

OFFICE USE ONLY

Initial Enquiry Date: / / .

Form Sent: / / .

Form Returned: / / .

Supporting Evidence Received Y/N

Grounds Supervisor/Team Input required

Y/N:

Date Requested: / / .

Date Received: / / .

Visit Required: Y/N

Visit Date: / / .

Application Approved: Y/N

Date Approved/Rejected: / / .

Date Added to Maintenance Rota's: / / .

Mowing Route:

Hedge Cutting Route:

Officer dealing with this Application

Office Comments: