

TENANT PRIVATE GARDEN MAINTENANCE SCHEME APPLICATION FOR ASSISTED MAINTENANCE

Assisted Garden Maintenance Service is only awarded to tenants who are a Rykneld Homes / Council tenants and who meet one of the following criteria 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

Please complete this application form submitting copies of all relevant supporting information. One form should be filled out per resident.

PERSONAL DETAILS

SURNAME: _____

FORENAME(S): _____

ADDRESS: _____

POST CODE: _____

DATE OF BIRTH: _____

DAYTIME TELEPHONE NUMBER: _____

MOBILE PHONE NO: _____

APPLICATION FOR AN ASSISTED GARDEN MAINTENANCE

In order to ensure that only tenants entitled to receive an assisted garden maintenance service we need to establish the following:

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 and live on my own

I am older than 80 years of age and live on my own

I have a severe physical impairment

I have a severe sensory impairment

I am supported by carer from a recognised agency

There is no other resident at the property who can undertake this task for me

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

I do not meet requirements of the Assisted Garden Maintenance criteria, I instruct North East Derbyshire District Council to undertake maintenance of my private garden areas at a cost of £148.52 inclusive of VAT and invoice me on a quarterly basis (£37.13 per quarter) as a service charge*.

If I do not meet requirements of the Assisted Garden Maintenance criteria I undertake to make my own garden maintenance arrangements.

**The service charge is not eligible for Housing Benefit and you will be responsible for the payment of this charge. Price correct as of 1st April 2016 and subject to annual review.*

SUPPORTING INFORMATION

(All information will kept in the strictest confidence)

*****PLEASE PROVIDE EVIDENCE TO SUPPORT YOUR DISABILITY 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:

NAME AND ADDRESS OF GP OR CARER

(Must be completed)

If you are entitled to assistance with your garden maintenance you will be notified in writing and placed on the Council maintenance rotas.

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.



All personal information provided to North East Derbyshire District Council will be held and treated in confidence in accordance with the Data Protection Act 1998. It will only be used for the purpose for which it was given, and may be shared with your GP or other third parties such as Rykneld Homes in order to verify your application.

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: / / .

Validity Check Required (i.e. GP/Social Services) 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: / / .

Officer dealing with this Application

Office Comments: