HOME SERVICES
NOVA SCOTIA

Inclusion Clare

Application Form

Full Name: _____

Address: _____

City: _____ Province: _____

Phone: _____ Email: _____

The **Home Services Program** is a province-wide initiative run by **Directions Council of Nova Scotia** and funded by the **Department of Community Services**. The goal of this program is to help seniors in the community by providing affordable services and at the same time offering employment opportunities for the people we support. Each worker involved in this program is paid minimum wage for the work they do. A part of these wages is paid by the senior's financial contribution and the balance is subsidized by the program. Thanks to the funding provided by the government, we are able to work with each senior's budget so that no one is left out of these important services.

Service(s) Requested:

□ **Yard Clean up**
Please describe the tasks you would like completed: _____
_____

□ **Rake leaves**
Do you have rakes? □ Yes □ No
If yes, how many do you have? _____

□ **Lawn mowing**
Do you have a lawn mower? □ Yes □ No
If yes, what kind of lawn mower do you have? _____
Approximately, how big is the area that needs to be mowed? _____

□ **Whipper Snipping**

Do you have a whipper snipper? □ Yes □ No

Please describe what needs to be whipper snipped: _____

_____

□ **Pack wood**

How many cords of wood do you have? _____

Approximately, how far is the pile of wood from the house? _____

Do you have a wheelbarrow? □ Yes □ No

Please briefly describe the process of bringing wood inside your house: _____

_____

□ **Other**

Please describe any other tasks for which you may like assistance: _____

_____

Please select one of the following options that best works with your budget:

Note: We charge a fixed hourly rate regardless of how many people are sent to complete a job.

□ I can contribute $5 per hour for the service

□ I can contribute $10 per hour for the service

□ I can contribute $15 per hour for the service

□ I can contribute $20 per hour for the service

□ I can contribute a fixed amount of $_____ for the service

□ I cannot contribute financially for the service

How did you hear about us? _____

_____ _____

Customer Signature Date