City of Mt. Shasta
Community Development Block Grant Funded

Free Senior Snow Removal Program 2023-2024
November 15, 2023 to March 31, 2024

Administered by Great Northern Services
Jeremy Porteous, 530-938-4115 ext. 116 or jporteous@gnservices.org

The program provides free driveway snowplow service for seniors and households whose members have disabilities who are unable to remove snow from their driveways.

**Property must be located within the city limits of Mt. Shasta.**
Proof of residency, such as a current city utility bill or power bill, is required and must be attached to the completed application.

**Household members must be 60, by November 15, 2023, or older or disabled to participate.**
Proof of age is required and must be attached to the completed application.
A copy of one of the following can be used:
1. Driver’s license
2. State ID
3. Birth Certificate

Proof of disability will be required from a licensed physician for those claiming disability under this program. An Attending Physician Statement form is attached and must be submitted with the completed application.

To claim physical disability the applicant must meet the state definition as follows:
Persons are classified as having a severe disability if they: (a) used a wheelchair or had used another special aid for 6 months or longer; (b) were unable to perform one or more functional activities or needed assistance with an Activity of Daily Living or Instrumental Activity of Daily Living; (c) were prevented from working at a job or doing housework; or (d) had a condition including autism, cerebral palsy, Alzheimer’s disease, senility, or mental retardation. Finally persons who are under 65 years of age and who are covered by Medicare or receive SSI are considered to have a disability (and a severe disability). Functional activities include seeing, hearing, having one’s speech understood, lifting and carrying, walking up a flight of stairs, and walking. Activities of daily living include getting around inside the house, getting in and out of bed or a chair, bathing, dressing, eating, and toileting. Instrumental Activities of Daily Living include going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.

**Funding is provided by the US Department of Housing and Urban Development’s Community Development Block Grant administered by the CA Department of Housing & Community Development.**
Applicant’s Name: __________________________________________________

Physical Address: ____________________________________________________________________________

City: Mount Shasta  Zip: 96067

Phone: ______________________  Email: ________________________________

Mailing address: ____________________________________________________________________________

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Date of Birth (Month/Day/Year)</th>
<th>Disabled?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

Type of driveway:  □ Concrete/ Asphalt  □ Gravel  □ Dirt

Type of garage:  □ Attached  □ Detached  □ None

☐ I participated in this program in the past.

**PLEASE CHECK OFF REQUIREMENTS AS YOU READ THEM.**

☐ I am at least 60 years of age and/or physically disabled.

***Proof of age or disability must be provided***

☐ There is no person under age 60 residing at the address listed above who is physically capable of snow removal.

☐ I reside 12 months of the year at the address listed above.

☐ I am the owner.

☐ I am the tenant.  Landlord’s name and phone number:

________________________________________________________________________________________________________________________________________
☐ This property is not a condominium or apartment where snow removal is the direct responsibility of a service.

☐ I hereby release the City of Mt. Shasta and Great Northern Services, its servants, agents, employees and contractors from any and all liability arising out of the snow removal from the address listed above.

☐ I understand that driveways will only be plowed after a snowfall of 4 or more inches and only once within a 24-hour period unless otherwise determined by the City of Mt. Shasta. *Plowing cannot begin until the city of Mt. Shasta has finished their plowing and given Great Northern Services authorization to send contractors out. The contractors, then, have 8 hours to complete their routes.*

☐ I understand that the address of my residence must be clearly visible from the road.

☐ I understand that no salt shall be applied where the snow will be removed.

☐ I understand it is my obligation to make sure the driveway is clear of obstacles. The contractor has the right to deny plowing the driveway if obstructed by obstacles.

☐ I understand that I should clearly mark areas to be avoided (mailboxes, flower beds, planter boxes, sprinklers, etc.)

☐ I understand that contractor shall not be responsible for damage to driveway, curb, sidewalk, fences or lawn or for spring clean-up of debris due to winter plowing.

☐ I understand that services will not be prioritized and that contractors will schedule routes in a way most convenient to them.

☐ I understand that the winter season is defined by the organization and winter weather may occur outside this program’s timeframe.

☐ I understand that I am responsible for notifying Great Northern Services of any change in residency.

I understand the terms and conditions as outlined above and further understand: Participants in this program shall defend, hold harmless, and indemnify The City and its consultants, and each of their officers, agents, and employees from and against all claims (including but not limited to claims of Contractor’s agents and employees), liability, losses, damages, and expenses arising or alleged to arise from or during the performance of the work under this Program, except those losses and damages found to be caused by the sole negligence or willful misconduct of the party indemnified hereunder.

X__________________________________________________________
Signature of Applicant

Great Northern Services
310 Boles Street • Weed, CA 96094 • (530) 938-4115 • Fax (530) 938-1040 • www.gnservices.org
CA Lic. # 629328
ATTENDING PHYSICIAN’S DISABILTY STATEMENT

The patient listed below suffers from a physical disability which is defined by one or more of the following:

(a) Patient must use of a wheelchair or had used another special aid for 6 months or longer;
(b) Patient is unable to perform one or more functional activities or needs assistance with an Activity of Daily Living or Instrumental Activity of Daily Living;
(c) Patient is prevented from working at a job or doing housework;
(d) Patient has a condition including autism, cerebral palsy, Alzheimer's disease, senility, or mental retardation.
(e) Patient is an individual who are under 65 years of age and who are covered by Medicare or receive SSI are considered to have a disability (and a severe disability).

<table>
<thead>
<tr>
<th>Name of Patient</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

I certify that the opinions expressed herein are rendered with a reasonable degree of medical certainty.

<table>
<thead>
<tr>
<th>Name of Attending Physician</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Attending Physician</td>
<td>Date:</td>
</tr>
<tr>
<td>Physician’s Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>
Public Service Program SELF-CERTIFICATION of Income for
☑ City of / ☐ Town of / ☐ County of Mt. Shasta CDBG Funded Activity

Name of Public Service: Senior Snow Removal Program 2023-2024

HUD Code: 05A Senior Services

Page 1 to be filled out by Participant

Part I: Confidential Participant / Beneficiary HUD Demographic Information
(This section is voluntary.)

<table>
<thead>
<tr>
<th>Ethnicity (Select One)</th>
<th>☐ Not Hispanic</th>
<th>☐ Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race (Select One)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ White</td>
<td>☐ Am. Indian/Alaskan Nat. &amp; White</td>
<td></td>
</tr>
<tr>
<td>☐ Black/African American</td>
<td>☐ Asian &amp; White</td>
<td></td>
</tr>
<tr>
<td>☐ Asian</td>
<td>☐ Black/African American &amp; White</td>
<td></td>
</tr>
<tr>
<td>☐ American Indian/Alaskan Native</td>
<td>☐ Am. Indian/Alaskan &amp; Black/African</td>
<td></td>
</tr>
<tr>
<td>☐ Nat. Hawaiian/Other Pacific Isl.</td>
<td>☐ Other Multi-Racial</td>
<td></td>
</tr>
</tbody>
</table>

Other Demographic Data (Select all that Applies)

| ☐ Female Head of Household | ☐ Single / Non Elderly |
| ☐ Participant Disable      | ☐ Related/Single Parent |
| ☐ Veteran                 | ☐ Related/Two Parent |
| ☐ Elderly                 | ☐ Other (_____________________) |

Part II: Confidential Participant / Beneficiary Income Certification
(Must be completed and signed prior to providing public service.)

My total family size consists of __________ members, and the total gross annual income* for all adult members is $______________________________.

*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aids, per 24 CFR 5.403).

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds, which may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by state or federal personnel as part of compliance monitoring.

Participant / Beneficiary Information:

Signature: _____________________________ Date: ________________

Name (print): ______________________________

Physical Home Address: ____________________________, (City) __________________________