

Cleveland Department of Aging 2025 Chore Program Application Materials

Enclosed are the materials to register for the Cleveland Department of Aging's Chore Program.

Please read pages 2-3 to review the services offered and the definition of each service. The pages numbered 4-8 are the registration materials which need to be completed and mailed back using the return envelope provided. Pages 1-3 do not need to be returned.

Answer all questions on pages 4-8 completely. Incomplete applications can and will delay acceptance into the program. Only applications which are completely filled out will be reviewed for registration.

Send to:

The Cleveland Department of Aging
75 Erieview Plaza, Room 201,
Cleveland, OH 44114.

The purpose of this program is to assist older adults and adults with disabilities that need help maintaining their properties.

Important:

- You must register to receive services. An annual registration application is required even if you have received service in previous years.
- This program is designed to provide assistance with household chores; however, homeowners remain responsible for maintenance and are encouraged to have a backup plan in place.
- Return completed chore registration application as soon as possible. Acceptance to the program is on a first come, first serve basis. All applications are date stamped when received.
- It is strongly recommended that you return your application as soon as possible but no later than April 18, 2025 to be considered for service.
- Registration will be closed when we reach service capacity.

You can contact the Chore Program Registration Call Line at (216) 443-2436 with any questions about the registration process or if you need assistance completing the application. Leave a message and your call will be returned.

***Para recibir asistencia en español puede llamar al (216) 664-6129**

CLEVELAND DEPARTMENT OF AGING

2025 Chore Services Program

Save this page for your information

Qualifications

- Must be at least 60 years of age or under 60 and receiving disability.
- Do not reside with an able-bodied individual capable of assisting with the service.
- The house may be a single or two family dwelling. Multi-family homes do not qualify.
- Home must be owner occupied and located within the City of Cleveland.

*Non homeowners and apartment residents may receive indoor chore services.

Client Responsibilities

- Secure pets away from the service area.
- Yard must be free of animal waste and other debris.
- Notify the office when the service is not needed.

Grass Cutting Program Description

- Service will begin in May and will continue through the end of October.
- Service will be provided approximately **one time per month**. Basic cut, trim and blower cleanup. Grass clippings are not bagged.
- There is no charge for this service. The workers do not accept tips.
- A combination of Chore staff members, Court Community Service workers and registered City contractors will provide the service.
- Every attempt will be made to service clients with citations within the grace period of the citation if the Chore Program office is notified.



Leaf Raking

- Leaves are raked one time in the fall or spring - before grass cutting resumes in May, weather permitting.



Snow Shoveling

- Steps and pathways are shoveled to allow safe entrance and exit from the home.
- The service does **not** include clearing the entire driveway.
- The service begins in late 2025 with the first snow and continues through March 2026.
- Priority is given to seniors with medical appointments and home care providers.



Indoor Chores

- During winter months, Chore staff members are available to do limited indoor chores for Cleveland seniors and adults with disabilities.
- Chore workers will continue to observe all guidelines set by the Center for Disease Control.
- Examples of the types of tasks include the installation of smoke detectors and general house cleaning.
- You must call each time to request an indoor chore appointment.



Cleveland Department of Aging Chore Office

CALL 216-664-3998 OR 216-664-4694

***Para recibir asistencia en español puede llamar al (216) 664-6129**



Application for the CHORE PROGRAM 2025

CITY OF CLEVELAND
Department of Aging

Return application to:
Cleveland Department of Aging
Chore Program
75 Erieview Plaza, Room 201
Cleveland, OH 44114
aging@clevelandohio.gov
Fax 216-420-8395

First name: _____ Middle Initial: _____ Last Name: _____

Address: _____ CLEVELAND, OH Zip Code: _____

Date of Birth: _____ Last four of Social Security Number: _____ Gender: _____

Phone Number: (_____) _____ Alternate Phone # (_____) _____

Required: Please provide the following information in the event that we cannot reach you.

Emergency contact name: _____ Relationship: _____

Phone number (s): (_____) _____ (_____) _____

Are you under 60 and disabled? Yes No (If yes, Please provide prove of disability payment)

If Yes, what type of disability payment do you receive?

- Supplemental Security Income (SSI)
- Social Security Disability (SSDI) OPERS/STRS Other _____ None

Homeowner Status: Own Rent Other _____

Do you own an additional lot next to your home?
 Yes No If yes, please provide parcel # _____ -

Do you have a wheel chair ramp at your residence? Yes No

Pets: None Cat(s) Dog(s) Other _____

OFFICE USE ONLY

Approved _____ Not Approved _____ Staff Initials _____

How many people live in your home, including you? _____

List all household members and their monthly gross income:

Income Source	Self	Spouse	Additional Household Member	Additional Household Member
Name				
Relationship to applicant	Self			
Date of Birth (DOB)		DOB:	DOB:	DOB:
Total Monthly Income	\$	\$	\$	\$

If more space is needed for additional household members, attach additional paper.

Total Yearly Household Gross Income \$ (12 x monthly income above) _____

RACE/ETHNICITY:

<input type="checkbox"/> Black – African American	<input type="checkbox"/> White
<input type="checkbox"/> Black – African American & White	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian & White
<input type="checkbox"/> American Indian / Alaskan Native & White	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> American Indian / Alaskan Native & Black	<input type="checkbox"/> Native Hawaiian – Other Pacific Islander
<input type="checkbox"/> Other Multiracial	

Release of Information and acknowledgement

- I acknowledge that the City of Cleveland, Department of Aging, may find it necessary to share information that I provide such as my name, address, income sources, services I receive and general health status with other service providers. I give my permission for the Department of Aging to share this information for the purpose of helping me receive the service(s) I may need.
- I also understand that the demographic information collected will be entered into a confidential client database(s) as required by one or more of the following agencies: Cleveland Department of Aging, Western Reserve Area Agency on Aging and the Ohio Department of Aging.
- By signing this application, I attest that I am in need of this service and I do not have any able bodied person to assist me with this service.
- The information on this application is accurate and correct.

(Signature)

(Date)

Chore Program 2025 Enrollment Materials

Name: _____

Due to capacity The Department of Aging does not guarantee that we will be able to provide each service as described. While we will do our best to honor all service requests, we highly recommend having a back-up plan especially during the winter months for your snow removal services.

Grass Cutting -The purpose of this service is to assist Cleveland seniors and adults with disabilities, with no able bodied person to assist them, to avoid possible citation for tall unsightly grass. The service begins in May and continues through October. Grass will be cut at least one time per month.

- Yes, I want the Grass Cutting Service No, I do not want this service

Leaf Raking – The purpose of this service is to assist Cleveland seniors and adults with disabilities, with no able bodied person to assist them, with leaf raking. Leaves are raked one time during the fall or spring, weather permitting.

- Yes, I want the Leaf Raking Service No, I do not want this service

Snow Shoveling – The purpose of this service is to assist Cleveland seniors and adults with disabilities, with no able bodied person to assist them, with snow removal. Steps and pathways are shoveled to allow safe entrance and exit from the home. **The service does not include clearing the entire driveway.** The service begins in late 2025 with the first snow and continues through March of 2026. Priority is given to seniors with medical appointments and home care providers. A minimum of 48 hours in advance notice is needed to request service for medical appointments.

- Yes, I want the Snow Shoveling Service
Do you want salt? If left blank you will receive salt.
 Yes, I want salt
 No, I do not want salt
- No, I do not want the Snow Shoveling Service

Indoor Chores – The purpose of this service is to provide assistance with an indoor chore during the winter months. During this time Department of Aging Chore Workers are available to do limited indoor chores for Cleveland seniors and adults with disabilities, with no able bodied person to assist them. Examples of the types of tasks include: installation of smoke detectors and general house cleaning. You must call each time to request help with a specific indoor task.

- Yes, I will contact the Department of Aging to request help with indoor tasks
 No, I do not want this service

CITY OF CLEVELAND DEPARTMENT OF AGING

RIGHT OF ENTRY/ RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, agree to participate in the Chore Program.

I, _____, and _____ hereby verify that I am/we are the owner(s) of the property located at _____, Cleveland, Ohio and I/we do hereby grant the City the right to enter my/our property for the purpose of doing the following work: Outdoor Chore Services which may include grass cutting, snow removal and/or yard clean-up; and Indoor Chore Services which may include general cleaning, the installation of smoke detectors, and simple home repairs. The City may perform Outdoor Chore Services with or without notice to the homeowner. The City may perform Indoor Chore Services by appointment.

I/we understand that the City will make a reasonable effort to restore any grass, walks, driveways, or other property to their condition prior to the City’s undertaking the described work.

I give permission for the City to give my address to Court Community Services (“CCS”) and other organizations affiliated with the Chore Program to allow volunteers and employees from the affiliated organizations to come on to my property for purposes of performing Outdoor Chore Services.

In exchange for the services to be performed, I/we hereby release from any and all liability, indemnify and will hold harmless the City, its officers, employees, agents, and all organizations affiliated with the Chore Program and their directors, trustees, officers employees, agents and representatives, from any claim, action, or causes of action that I/we may have as a result of any damage or disturbance of my property, in the present or future, caused by the described work.

Owner(s) Signature: _____ Date _____

_____ Date _____

COURT COMMUNITY SERVICE

Permission/Waiver of Liability Agreement

I, _____, am the party in control of the property
(print name)

located at _____, _____, _____.
(street address) (city) (zip)

I give permission for Court Community Service (CCS), its employees and community service workers, and all other necessary parties, to work on my property for the purpose of **GRASS CUTTING, LEAF RAKING, YARD MAINTENANCE AND/OR SNOW SHOVELING.**

I hereby release from any and all liability, indemnify, and will defend Court Community Service, Inc., all organizations affiliated with this project, and all governmental units associated with this program, and their respective directors, trustees, officers, employees, agents, representatives and all other personnel including individuals performing community service work from any and all liability, damages, injury, or other harm in conjunction with this project.

(signature)

(date)

(print name)

<u>CLEVELAND DEPARTMENT OF AGING</u>		
<u>USE ONLY</u>		
Date Received: _____		
Ward: _____		
G	L	S
Verified Lot	ramp	no salt