

## Application for Verge Mowing (Nature Strip) Assistance Program

Cumberland Council is grateful to its community for helping to maintain the environmental amenity of our local neighbourhoods, including the maintenance of nature strips. Council understands that all members of our community are not able to participate in this activity, therefore, Council provides a free verge mowing service to those residents who meet Council's eligibility criteria. The following information is required to determine eligibility for the Verge Mowing (Nature Strip) Program.

### How to Fill In This Form:

This form is to be completed by applicants wishing to apply for the Verge Mowing Program. Please answer all questions with as much detail as possible.

For further information, please contact Council on (02) 8757 9000

### Privacy Note:

Council will collect and hold the personal information contained in this application for the purpose eligibility for this program. The supply of personal information by you is voluntary, however if you cannot provide, or do not wish to provide the information sought, Council may be unable to process your application.

You may make an application for access or amendments to your personal information held by Council under the *Privacy and Personal Information Protection Act 1998 (PPIP Act)* or the *Government Information (Public Access) Act 2009 (GIPA Act)*. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the PPIP Act.

Information provided to Council in correspondence, submissions or requests, including your personal information, may be made publicly available, including on Council's website, under the GIPA Act. Please notify us if you object to the disclosure of your personal information.

## ELIGIBILITY CRITERIA

### The Applicant(s) must meet all the following criteria:

- Permanently reside in the Cumberland Council area and reside at the property that is the subject to this application, and
- Are assessed as eligible for Home Care Services through My Aged Care or have a disability or other medical condition that renders maintenance of the nature strip impractical (evidence of current care approval or medical certificate required), and
- Have no other members of the household who can assist, and
- Are receiving a Commonwealth Pension, for example, an aged or disability pension (evidence required)

NOTE: Applicants need to meet all of the above 4 criteria to be eligible for the program and must provide evidence to support application.

Applicants must reapply every 24 months and be reassessed against criteria.

DATE of Application :

## 1. About You (Details of the applicant)

Title (eg. Mr Mrs Ms Miss):

Surname/Family Name:

First and Given Name(s):



Please attach proof of your identity.

Address:

Are you currently staying at the above address?

☐

Yes

☐

No



Please attach proof of your address.

Phone:

Email:

Date of Birth:

Gender:

☐

Male

☐

Female

Are you a Permanent Resident of Australia or Australian Citizen?

☐

Yes

☐

No

Country of Birth:

What is the main language you speak at home?

☐

English

☐

Other - give details:

Do you require an interpreter?

☐

Yes - Language:

☐

No

Are you in receipt of a Commonwealth Pension ?

☐

Yes

☐

No

What is your Centrelink Customer  
Reference Number (CRN) ?

Type of Pension

## 2. Your Household (Details of other people living with you)

Do you have a Partner /Carer/ family who resides with you?

☐

Yes - provide details below.

☐

No - Go to Question 3.

Title (eg. Mr Mrs Ms Miss):

Surname/Family Name:

First and Given Name(s):

Phone/Mobile:

Date of Birth:

Gender:

☐

Male

☐

Female

Main Language Spoken:

Relationship to You:

Title (e.g. Mr Mrs Ms Miss):

Surname/Family Name:

First and Given Name(s):

Phone/Mobile:

Date of Birth:

Gender:

☐

Male

☐

Female

Main Language Spoken:

Relationship to You:

### 3. Home Care Eligibility/Disability/Medical Conditions

Do you currently receive any home care services eg: meals on wheels, domestic assistance?

☐

Yes

☐

No

Have you been assessed or registered with My Aged Care?

☐

Yes

☐

No

If yes please provide AC number (My Aged Care Client Record Number)?

Do you have a disability or other medical condition that prevents you from mowing the nature strip?

☐

Yes

☐

No

***Please attach medical evidence/certificate to support application.***



***Any other supporting Comments / details:***

#### **Office Use Only:**

Date Received:

Assessed By:

Record Number:

Assessment Outcome (eligible or not eligible):

Comments:

Referred for implementation:

Customer notified of outcome: