

CCT- DOT Elder Snow Plow Services

Client Application Form

If you have any questions or need more information please call

Monica Jack @ 509-634-2589

OR

Lonnie Simpson (COR) @ (509)634-1141/ (509)557-5005

Elders/Seniors please make sure all information and verification forms have been collected for all Elders in your home before submitting your application. Incomplete applications will not be eligible for services. Please Drop off your applications at the CCT-DOT office or AAOA to be processed in time **BEFORE 10/15/2023** [*if you turn 55 after 10/15/2023 please submit an application then and you will be added once your application is processed.]

Please Provide a Copy of the following forms of verification

- List **ALL** household members, and provide a Copy of CIB or Tribal ID for applicant
- List/provide proof of any medical conditions or disabilities (such as a doctor's note)
- Essential employees must have a signed memo from program manager/division director
- Please Provide a gas, electric bill or similar to confirm home location with applicants name

Elder Snow Plow is for all Qualifying Colville Tribal Members 55 and over. Priority preference is given to elders with significant health conditions, or living in a situation where assistance from family members/friends is unavailable.

(*Essential employees qualify for services with a signed memo from there program Manager or Director)

All information on your application is subject to verification. Any incorrect or false information found will result in your application being denied and withdrawn.






CCT-DOT starts providing services when there are 4" inches of new snow on the ground between the months of November 2023 – April 2024

CCT-DOT and Contractors have a lot of ground to cover. Response time is dependent on the weather and ability to keep equipment running and ensure the safety of our employees. If the county or city closes down the main roads, we will not dispatch any of our snow plows.

CCT-DOT is responsible to provide a safe way **IN** and **OUT** and **1 parking spot**.

**You are responsible for other extended areas of your property.*

Please take note of the following guidelines to ensure efficient snow removal and prevent damages:

-  Please clear snow from vehicles and clear up to **two feet** around vehicles to reduce risk of damages to personal property
-  To ensure that only snow is getting plowed **please pull your car forward as much as possible** and mark your sprinklers, curbs, or other buried areas with bright colored stakes. It is the **homeowner or tenants responsibility** to mark where the sewers are, sprinkler heads, and other areas you **do not** want plowed or damaged
-  CCT-DOT **will not** be held responsible for any accidents which occur on or around the driveway before, during or after snow removal, that does not directly involve the contractors or equipment.
-  CCT-DOT **will not** plow your driveway if there are any obstacles in the way such as:
 -  Mailboxes, cars, etc. to ensure your driveway gets plowed please make sure any and all possible obstacles are out of the way.

Name of Applicant:		Birthdate:	
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CCT- DOT Elder Snow Plow Services

Mailing Address:		District:	
Enrollment No.		Phone/Message:	

Are you or anyone in your household Disabled or Disabled Veteran? Yes No

Enrolled Tribal Member: Yes No

Marital Status? Married? Widowed?
 Divorced? Single?

Military Veteran? Yes No

Do you have a medical issue requiring frequent Medical Appointments? Yes No
If so, How Often? (Please provide proof of medical issue with a valid doctor's note.)

Are you an essential employee? Yes No **What Program:** _____
 If yes, *Please attach signed memo from program manager or division director*

List all other household members

	Household Member's Name	Birthdate	Enrollment No.	Disabled? Y or N
1.				
2.				
3.				
4.				
5.				
6.				
7.				

By completing and signing this form you are agreeing to all guidelines, failure to do so will result in damages not covered by CCT-DOT or your driveway will be skipped.

Applicant Signature: _____ **Date:** _____

Comments:

CCT- DOT Elder Snow Plow Services

Housing location: *give exact direction to house as well as the Type of home you are living in – street, house numbers, road, house color. Address will be verified with bill.*

HUD

Private home

Trailer/Mobil home

Apartment complex/condo

Address: _____

Map to house:

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