



PARK COUNTY
— SENIOR COALITION —

(719) 836 - 4295
scofpc@parkco.us

P.O. Box 309
825 CLARK ST. SUITE C
FAIRPLAY, CO 80440

WWW.PARKCOSENIORS.ORG

FOR PCSC USE:

Date Received:

Amount:

CHORE REQUEST VOUCHER

Thank you for participating in our Chore Program. These valuable services allow Park County seniors 60 years of age or older to receive financial assistance from the Coalition to help pay for snowplowing service, firewood, chimney sweeping etc.

Park County Senior Coalition does not have the current staffing to provide services directly, so the assistance program allows the client to use the provider of their choice. The Coalition involvement is only in verification of services rendered and supplemental payment. Background checks, reference checks, and job qualifications are the responsibility of the client. The Coalition accepts no responsibility for chore services. A voluntary donation of 10% of the chore cost is suggested.

Clients must register with the Coalition and provide proof of eligibility in order to receive service. Once registered, the client identifies a service provider, letting the Coalition know who they have chosen. The client is responsible for letting the Coalition know if the service provider changes. Voucher payment rates will vary depending on funding availability and the number of clients using the program. The Coalition will not pay a higher rate than the standard billing rate for services. The client is responsible for payment of any billing over the voucher rate.

The provider of chore services is responsible for providing documentation of services rendered, and an invoice for billing of services. Services rendered must note client name, date of service, hours provided, and a client signature. The invoice must be provided on a form with the name, address, and phone number of the provider. In the case of an agency, it must be on agency letterhead or an agency invoice. Invoices and paperwork will be submitted by the provider directly to the Park County Senior Coalition administrative office at the address above, to prevent delays in payment.

Questions regarding this program please call 719-836-4295.

Client/Caregiver Signature

Date

CHORE REQUEST VOUCHER

Client Name: _____ Phone Number: _____

- Own Home
- Rent Home (with verification that landlord is not responsible for the requested service)
- Registration with Coalition is current.
- Client is 60 or older (funding requirement and Coalition requirement)
- Estimate attached, which includes client name & address, vendor contact info, and time it takes to complete job.
- Evidence of need exists- (funding requirement- describe below):

Why is the client unable to perform the chore? (mobility, health condition, etc.)

Amount/Assistance requested:

I have read the letter on the back of this form and agree with all terms stated. To the best of my ability, I will provide an accurate estimate of cost for service. I will hire the vendor of my choice. I am responsible for payment of services received and will pay any cost of service over the Coalition supplemental payment.

I understand that PCSC is not responsible for these providers or services. I do hereby agree to indemnify, hold harmless the Park County Senior Coalition, Region IV Area Agency on Aging and each of their officers, officials, employees, agents and volunteers from any and all loss, liability, fines, penalties, forfeitures, costs and damages that may occur. I also acknowledge I have the right to conduct background checks, or due diligence on any of my selected providers at my expense if I choose to do so. If I choose not to, I fully understand I may be at risk

Client Signature

Date

For Office Use Only

Decision:

- This request is fully funded: _____
- This request is partially funded: _____
- This request is denied
- Initials: _____ Date: _____