



Mark A. Hackel  
County Executive

## OFFICE OF SENIOR SERVICES

21885 Dunham Road, Suite 6 • Clinton Township, Michigan 48036

Phone: (586) 469-5228 • Fax: (586) 469-7839

macombgov.org/seniors • seniors@macombgov.org

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Dear Macomb County Senior:

The Office of Senior Services Handy Helpers program is offering our annual spring seasonal services which includes leaf raking, outdoor window washing, cleaning flower beds, and trimming overhanging branches.

We rely on volunteers for the seasonal services. There are times we do not have enough volunteers to provide the clean up in some areas. To try to remedy this, we are slightly changing our process. We ask that you submit your spring paperwork by Friday, March 29, 2024, to be placed as a priority on the interest list.

Please complete the included:

- Handy Helpers Seasonal Services Application: Spring FY 2024
- Participant Consent & Release of Information and Hold Harmless Agreement

and return them in the provided envelope to the Office of Senior Services. You also have the option to submit the completed forms by fax or email. The fax number is (586) 469-7839. The email address is [seniors@macombgov.org](mailto:seniors@macombgov.org).

You will be contacted a few business days prior to services being performed to confirm that they are still needed. For your review, we have also enclosed some important information on the seasonal services. Please do not hesitate to contact our office with any questions about this and other programs that we offer.

Sincerely,

Nicole Urban, MPH  
Program Manager

# **Macomb County Office of Senior Services**

## **Handy Helpers Seasonal Services Important Information**

Handy Helpers seasonal services utilize volunteer assistance; services will be dependent on volunteer availability in your area.

Volunteers are not lawn maintenance professionals.

They will spend up to a maximum of 2 hours per home.

Apartment complexes are not included in this seasonal service.

If at any time volunteers feel their health or safety is at risk, the task(s) will not be performed.

Volunteers are not allowed inside of the home at any time.

You have the option of being present when seasonal services are scheduled to be performed.

Seasonal services are provided one time per home, each season.

Yard waste bags and necessary supplies will be provided to the volunteers.

Availability of seasonal services are weather dependent.

Forms are to be completed semi-annually, August for the fall clean up and March for the spring clean up. Contact the Office of Seniors Services to have them sent to you or visit our website ([www.macombgov.org/seniors](http://www.macombgov.org/seniors)) to download them.

### **Timeframe**

- Spring clean up will occur between April – June
- Fall clean up will occur between October – December

### **Description of Tasks**

Washing Exterior Windows (available spring and fall)

- Only windows that are reachable from the ground level will be cleaned. Ladders will not be used.
- Exterior water access with a hose is required.

# **Macomb County Office of Senior Services**

## **Handy Helpers Seasonal Services Important Information**

Leaf Raking (available spring and fall)

- Area must be free of yard waste, such as animal feces.
- Front and back yards will be completed based on allotted time.

Cleaning Flower Beds (available only in spring)

- Debris such as leaves and weeds will be removed.
- Nothing will be planted.
- Mulch, dirt, rocks, fertilizer, etc. will not be added.

Trimming Overhanging Branches (available only in spring)

- Branches must be reachable from the ground level. Ladders will not be used.
- Area must be free of wires, such as electrical and telephone.
- Branches that the volunteers feel are unable to be safely handled will not be trimmed. This decision is at the discretion of the volunteer.

MACOMB COUNTY OFFICE OF SENIOR SERVICES  
Handy Helpers Seasonal Services Application: Spring FY 2024

**PARTICIPANT INFORMATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** MI **ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_  Home  Mobile  Work

**EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**GENDER:**  Male  Female  Other  Prefer Not To Say

**IS TRANSGENDER:**  Yes  No

**SEXUAL ORIENTATION:**  Straight/Heterosexual  Lesbian  Gay  Bisexual  
 Prefer Not To Say  Other

**MONTHLY INCOME:** \_\_\_\_\_

**NUMBER OF PEOPLE IN HOUSEHOLD:** \_\_\_\_\_

**LANGUAGE (if non-English speaking):** \_\_\_\_\_

**VETERAN:**  Yes  No

**RACE:**  American Indian/Eskimo/Aleut  Asian  Black  Hispanic  Multi-racial  
 Pacific Islander  White (not Hispanic)

**IF MULTI-RACIAL: Parent's Race(s):**  American Indian/Eskimo/Aleut  Asian  
 Black  Hispanic  Pacific Islander  White

**LIVING ARRANGEMENTS:**  Living alone  With spouse/partner  With family  
 With friends  Group home  Other: \_\_\_\_\_

**MARITAL STATUS:**  Married  Separated  Divorced  Single  Widowed

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**RELATIONSHIP TO YOU:** \_\_\_\_\_

**MACOMB COUNTY OFFICE OF SENIOR SERVICES**  
**Handy Helpers Seasonal Services Application: Spring FY 2024**

**I REQUIRE ASSISTANCE WITH:** (check all tasks that you require assistance with)

**Activities of Daily Living:**

- |   |   |
|---|---|
| <input type="checkbox"/> Eating/Feeding                       | <input type="checkbox"/> Toileting        |
| <input type="checkbox"/> Dressing                             | <input type="checkbox"/> Bladder Function |
| <input type="checkbox"/> Bathing                              | <input type="checkbox"/> Bowel Function   |
| <input type="checkbox"/> Walking                              | <input type="checkbox"/> Wheeling         |
| <input type="checkbox"/> Stair Climbing                       | <input type="checkbox"/> Transferring     |
| <input type="checkbox"/> Bed Mobility                         | <input type="checkbox"/> Mobility Level   |
| <input type="checkbox"/> <b><u>No Assistance Required</u></b> |   |

**Instrumental Activities of Daily Living:**

- |   |   |
|---|---|
| <input type="checkbox"/> Shopping                             | <input type="checkbox"/> Reheating Meals      |
| <input type="checkbox"/> Handling Finances                    | <input type="checkbox"/> Taking Medication    |
| <input type="checkbox"/> Heavy Cleaning                       | <input type="checkbox"/> Using Phone          |
| <input type="checkbox"/> Light Cleaning                       | <input type="checkbox"/> Doing Laundry        |
| <input type="checkbox"/> Using Public Transportation          | <input type="checkbox"/> Keeping Appointments |
| <input type="checkbox"/> Using Private Transportation         | <input type="checkbox"/> Heating Home         |
| <input type="checkbox"/> Cooking Meals                        |   |
| <input type="checkbox"/> <b><u>No Assistance Required</u></b> |   |

**ADDITIONAL CONCERNS I WOULD LIKE ASSISTANCE WITH OR RESOURCES ON:**

**WHO REFERRED YOU TO YOUR PROGRAM (how did you hear about us):**

**SPRING SEASONAL SERVICES NEEDED (please check all that apply):**

Leaf Raking

Outdoor Window Washing

Cleaning Flower Beds

Trimming Overhanging Branches

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**Participant's Signature**

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**Date**

**Priority will be given to those who return all materials to the Office of Senior Services by Friday, March 29, 2024.**



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### Chore Services – Handy Helpers Participant Consent and Release of Information

I authorize Macomb County and AgeWays Nonprofit Senior Services to disclose identifying information for the purpose of:

1. Reporting demographic data to the National Aging Program Information System (NAPIS).
2. Permission to contact emergency/alternate contacts as necessary, including during an emergency.
3. Providing medical information to emergency responders (when required).
4. Referring to community resources, if requested.
5. Reporting emergency contact information to local Emergency Operation Centers.
6. This release will be renewed annually.
7. Failure to sign will result in termination from the grant funded service.

I have read and authorize Macomb County and AgeWays Nonprofit Senior Services to disclose identifying information for the above purposes.

**Initials** \_\_\_\_\_

### Hold Harmless Agreement

The undersigned as a participant of the Macomb County Handy Helpers Program does on (his/her/their) issue, heirs and/or assigns hold harmless Office of Senior Services, County of Macomb, their agents, servants and employees from all claims for damages, defects in materials, loss and expenses, including attorney fees, arising out of the performance of work done or to be done to the undersigned's home pursuant to the Macomb County Handy Helpers Program for any reason including but not limited to: bodily injury, illness, death, property damage, including loss of use. The undersigned does hereby acknowledge that (he/she/they) have read this document, understand its contents, and signs same freely and voluntarily with full knowledge that they have the right to seek the assistance of their own attorney to review and advise them as to the content of this document.

**Initials** \_\_\_\_\_

\_\_\_\_\_  
Participant Name (Print Name)

\_\_\_\_\_  
Participant/Proxy Signature Date

**PLEASE COMPLETE & RETURN WITH SEASONAL SERVICES APPLICATION**

Revised 1/31/2024