



# Calaveras Foothills Fire Safe Council

P.O. Box 812  
Murphys, CA 95247

---

## Senior and Disabled Persons Assistance Program 2016 Instructions

The Calaveras Foothills Fire Safe Council has received grant funds to provide no cost fuel reduction and removal for defensible space for neighborhoods willing to work together to be fire safe. To be eligible for this program, applicants must meet the criteria for low income seniors or disabled persons. Your applications will be accepted on a first come first serve basis. Due to the popularity of this project funds traditionally run out very quickly.

All you need to do is complete the items below.

1. We require participants to have a residence on the property.
2. Due to the popularity of this project, the Fire Safe Council will work a maximum of two days on your property in a six month period.
3. The Fire Safe Council requires an Application Form (FSC-1) and an Income and or Disability Self Certification Form (FSC-2) to be submitted before an inspection will be completed on your property. **Please understand either the income or disability certification form need to be filled out not both.** Please complete and mail the attached forms.
4. The Fire Safe Council requires a Hold Harmless Agreement be signed before any work will be started on your property. This form will be provided to you upon approval of your application.

Once you have met the necessary requirements listed above and completed the attachments, please mail forms to:

Calaveras Foothills Fire Safe Council  
P.O. Box 812  
Murphys, CA 95247

**Once your application has been received you will be contacted and scheduled.  
Call (209) 728-8785 if you have any questions.**



**Calaveras Foothills Fire Safe Council**  
P.O. Box 812  
Murphys, CA 95247

---

---

**Senior, Disabled Persons and Special Needs Assistance Program  
Application Form (FSC-1)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_

**Personal Information:**

How large is your property? \_\_\_\_\_ (acres)      Number of Occupants: \_\_\_\_\_

Age: \_\_\_\_\_

Relate your concern regarding wildfire \_\_\_\_\_ (scale of 1-10, 10 being the highest)

How did you hear about this program? \_\_\_\_\_

**Describe the work that needs to be done:**

\_\_\_\_\_ I have heavy brush growing around my home and need assistance clearing brush 100 feet around my home.

\_\_\_\_\_ I have small trees around my home and need assistance thinning them.

\_\_\_\_\_ I have tall grasses growing around my home and need assistance cutting them.

\_\_\_\_\_ I have large accumulations of leaves/needles that need to be removed from the 100 feet around my home.

Other: \_\_\_\_\_

I certify that this information is true and correct, that I am over 65 or disabled, cannot physically do brush clearing or do not have the financial means to hire a contractor to create the required defensible space around my home.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Calaveras Foothills Fire Safe Council

P.O. Box 812  
Murphys, CA 95247

## Senior, Disabled Persons and Special Needs Assistance Program Income and Disability Self Certification Form (FSC-2)

Funding for this Senior, Disabled Persons and Special Needs Assistance Program has been obtained through grant programs awarded to the Fire Safe Council. Applicants must meet the criteria for low-income, seniors or disabled persons and special needs candidates. **(All information will be held confidential.)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Age: \_\_\_\_\_

Are you physically and or financially unable to hire a contractor or clear a defensible space independently? Yes \_\_\_\_ No \_\_\_\_

Please indicate by circling the number that represents the number of persons in your household as well as the appropriate income level.

Family Size	Annual Income	Above	Under
1 Person	\$35,000.00		
2 or more Persons	\$50,000.00		

If you are a disabled person please attach a doctor's letter stating that you are unable to physically perform the work required to clear defensible space or certify that you have a DMV Blue "Disabled Person Parking Placard".

DMV Placard No. \_\_\_\_\_

I certify the above information is correct and that I understand that the information is subject to verification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Calaveras Foothills Fire Safe Council

P.O. Box 812  
Murphys, CA 95247

## Hold Harmless Agreement for the 2016 Seniors, Disabled Persons and Special Needs Defensible Space Program

To Whom It May Concern:

I give my commitment to participate with the Calaveras Foothills Fire Safe Council (CFFSC) in the 2016 Seniors, Disabled Persons and Special Needs Defensible Space Program. I will participate freely in the project. I consent to fuel reduction work being undertaken on my land.

Landowner will hold harmless the CFFSC and any other entity involved in this project in connection with any loss or liability or injury to persons or property that arise from performance of work under this agreement. CFFSC will hold harmless the Landowner (and any contracting entity in this project) in connection with any loss or liability or injury to persons or property that arise from performance of work under this agreement. Work crews will have liability insurance (provided by CFFSC or contracting entity) for work on Landowner's property.

The term of this agreement shall be for \_\_\_\_\_ (dates). Within the dates specified, the CFFSC shall give the landowner reasonable actual notice of at least two weeks in advance and any necessary arrangements will be made prior to each requested access. Reasonable and actual notice may be given by mail, in person, or by telephone. This agreement can be amended only by prior written notification of either party executing this agreement.

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### I will participate in this project in the following ways:

I will allow fuel reduction activities to take place on my property. I will assist in educational efforts to teach my neighbors and other community members about the benefits of fuels reduction work on our properties.

\_\_\_\_\_  
NAME (Landowner)

\_\_\_\_\_  
DATE

On behalf of the Calaveras Foothills Fire Safe Council, we thank you for your participation in the 2016 Seniors, Disabled Persons and Special Needs Defensible Space Program.

\_\_\_\_\_  
NAME (CCFSC Representative)

\_\_\_\_\_  
DATE

Revised: 05/6/2016