



Waiver for Chore

I, _____, verify that I am a participant in the Chore program.

I acknowledge:

- I am responsible for selecting my provider(s) for services.
 - I must take my award letter to my appointment and give it to the provider.
 - Neither AAA nor UAACOG are the employer of record for the services.
 - AAA is not responsible for conducting a criminal background check on the service provider(s).
 - I am responsible for identifying the chore services to be performed by my service provider(s). Chore is to make a home safer, not for routine maintenance. Service is limited to one time in a 12-month period. A full year must pass before reapplying. Reimbursement will be made directly to my chosen service provider if the service date is between the award letter issue date and expiration date.
 - To verify service is delivered, my provider will bill the Area Agency on Aging including client name, service date, service provided, provider name, expected insurance payments, and contact information. New providers also submit a W-9. If chore, I either own the property or have permission from the owner for work at my address:
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The applicant recognizes and agrees that AAA, UAACOG and all other participating agencies are providing no direct or indirect services, and the applicant shall hold harmless and indemnify these agencies for any damage or liabilities it incurs arising from this agreement. Completion of this application does not guarantee payment of services, which have various limits. No warranty is expressed or implied.

Applicant Signature: _____ Date: _____

Mail the completed waiver with application to 139 E. 3rd St, Salida, CO 81201