

SENIOR ACCESS

APPLICATION INFORMATION REQUIRED

Please fill out all pages of the application. Remember to initial and sign the page 2. All members of the household 16 or older need to sign page 3. Please fill in the verification contacts page 4. Family Income Calculation using what you have gotten in the last 12 months.

Household Needs Questionnaire: Fill out and sign page 2.

Reasonable Accommodation Request Form: 1) What help you are requesting. 2) Who we can contact to verify your request.

Scope of Work: Sign the bottom of page.

Verification of Access Modification Assistance: Check any of the boxes that apply to you and sign the bottom.

If you have any questions please feel free to give me a call at 1-800-478-7227 ex 7289.

I WILL NEED THE FOLLOWING BEFORE I WILL BE ABLE TO PROCESS YOUR APPLICATION:

Proof of Age: Copy of something with your date of birth on it.

Income: Copy of Social Security, Retirement or copy of bank statement showing direct deposit and copy of Tax Return.



SENIOR HOUSING ACCESSIBILITY MODIFICATIONS:

SENIOR ACCESS

Sponsored by: Rural Alaska Community Action Program, Inc.

731 E 8th Ave. Anchorage, AK 99501

APPLICATION FORM



Applicant Information	
Last Name:	First Name:
Mailing Address:	
Street Address of Permanent Residence:	
City and State:	Phone:

Household Information:	
Name of Head of Household:	Annual Household Income: \$
Name of Property Owner:	Phone # of Property Owner:
Number of Household Members:	Year Built:
Current Residential Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:	Dwelling Type: <input type="checkbox"/> Stick-built <input type="checkbox"/> Condominium <input type="checkbox"/> Modular <input type="checkbox"/> Other: <input type="checkbox"/> Manufactured (Mobile) Home If Manufactured (Mobile) Home is located in: <input type="checkbox"/> Park <input type="checkbox"/> Private Lot <input type="checkbox"/> Other:

Modifications requested:
<input type="checkbox"/> Stairway modification
<input type="checkbox"/> Ramp installation or modification
<input type="checkbox"/> Widening of doorways and hallways
<input type="checkbox"/> Installation of permanent fixtures, appliances, or technological features
<input type="checkbox"/> Other (<i>please explain</i>):

Qualifying seniors must meet the definition of a "senior household" under 15 AAC 151.950(c)(10)(A), except that at the time the household is determined eligible for the program, it must qualify under one of the following definitions below. Please indicate which definition your household meets by checking one of the boxes below.

- two or more individuals that are related to each other at least one of whom is 55 years of age or older;
- the surviving spouse of an individual who (a) was at least 55 years of age or older at the time of his or her death and (b) was living in the senior housing unit with the surviving spouse at the time of his or her death;
- an individual who is 55 years of age or older; or
- an individual or individuals described in one of the three definitions above, regardless of their ages, who are essential to the care or well being of the individual or individuals.

Please Note: Seniors who cannot count the property as their current principal residence may not qualify the household as a "senior household."

I hereby certify that my household has a person(s) over the age of 55 as defined by the above regulation.

Initials _____ Date _____

Applicant Priority Disclosure: In order to improve programmatic efficiency, priorities maybe given to a property that qualifies for accessibility modifications from the Senior Access Program and from other funding sources.

Reasonable Accommodation: If you or any person in your household needs additional accommodation because of a disability, please explain the accommodation needed on the "Reasonable Accommodation Request Form" provided by the sponsoring organization.

I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et.seq. and liability for monetary damages to AHFC, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

Signature of Head of Household

Date

VERIFICATION CONTACTS

Employment:

Name of Employer _____

Address _____

Bank Accounts:

Name of Bank(s) _____

Address _____

Account Number(s) _____

Mortgage/Deed of Trust:

Name of Lender _____

Address _____

Account Number(s) _____

Public Assistance:

Name of Source(s) _____

Address _____

Client Number(s) _____

Assets: Stocks/Bonds Native Dividends Assets:

Name of Firm(s) _____

Address _____

Account Number(s) _____

Pension/Retirement:

Name of Fund(s) _____

Address _____

Disability Confirmation:

Name of Source(s) _____

Address _____

Family Asset Calculation

Line #	Type of Asset	Current Cash Value of Assets	Actual Income from Assets
1	Savings, Checking Balance		
2	Trusts (cash value)		
3	Equity (not including primary residence)		
4	Stocks/Bonds		
5	Investment/Money Market accounts		
6	Retirement and Keogh Accounts		
7	Retirement and pension funds		
8	Cash value of life insurance before-death		
9	Personal investment property (gems, art, jewelry, antique cars, etc.)		
10	Lump sum receipts (inheritance, capital gains, lottery, etc.)		
11	Other		
12	Net Cash Value of Assets (add lines 1 thru 11)		
13	Total Actual Income from Assets (add lines 1 thru 11)		
14	If line 12 is greater than \$5,000, multiply by passbook rate and enter result here, otherwise leave blank.		

Family Income Calculation

Line #	Type of Income	Applicant	Co-Applicant	All others 18 and older	All others under 18	Total Household
15	Assets (enter the greater of line 13 or 14 here)					
16	Wages, Tips, Salaries, etc.					
17	Social Security, pensions, other retirement					
18	Income from public assistance payments (TANF, ATAP, etc.)					
19	Income in Lieu of Employment (unemployment, workers' compensation, disability and severance pay):					
20	Income from operation of a business					
21	Periodic Income Payments (Alimony, child support, etc.)					
22	Income from Armed Forces Personnel					
23	Permanent Fund					
24	Other Income (Longevity Bonus, Native Dividends)					
25	Gross Annual Income					



Household Needs Questionnaire SENIOR ACCESS PROGRAM



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731 E 8th Ave. Anchorage, AK 99501**

The following Household Needs Questionnaire information can be provided by the senior or a senior caretaker, but should be completed by Grantee.

The purpose of this questionnaire is to determine and document your need for the Senior Access program. In addition to answering the following questions, you may also be asked to provide additional documentation regarding your need for the program.

CONFIDENTIALITY:

Applicant's files, containing applicant documentation, and any other information concerning your application will be kept confidential. Only program staff and funding sources will have access to your application. No one will have access to your files unless you give prior written permission. You do not have to answer any question that you may not feel comfortable answering.

APPLICANTS Name:	
Caretaker Name and Relationship (if applicable):	
Physical Location:	
Date:	

1. Applicant Location

Can you describe the geographic location of your home?

A rural community (fewer than 2,500 people)	<input type="checkbox"/>
Small city or town that is not suburb of a larger city (2,500 to 50,000 people)	<input type="checkbox"/>
A medium sized city or suburb of large city (50,000 to 100,000 people)	<input type="checkbox"/>
A large city or suburb of large city (more than 100,000 people)	<input type="checkbox"/>

2. Client Information

Do you:

Live alone in a house or apartment	<input type="checkbox"/>
Live in a group environment with assistance (not a nursing home)	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

Please rate the following Major Life Activities you experiences to the best of your knowledge. Feel free to provide additional information (1=not difficult, 2=some difficulty, 3= substantial difficulty):

1	2	3	Caregiver assists (y/n)	Major Life Activity	Additional Information
				Eating	
				Getting in and out of bed	
				Getting around the house	
				Dressing	
				Bathing	
				Using the bathroom	
				Doing heavy housework	
				Doing light house work	
				Doing laundry	
				Getting around outside	
				Going places outside of walking distance	
				Using the telephone	
				Other:	

Which of the following services do you and your caregiver (if applicable) currently use?

Companion or friendly visitor	<input type="checkbox"/>
Supervision homemaker services	<input type="checkbox"/>
Chore services	<input type="checkbox"/>
Personal care services	<input type="checkbox"/>
Home health services	<input type="checkbox"/>
Adult day care center/ adult day health	<input type="checkbox"/>
Respite in an adult nursing home, adult foster home, or someone else's home	<input type="checkbox"/>
Transportation services	<input type="checkbox"/>
Case management	<input type="checkbox"/>
Support groups	<input type="checkbox"/>
Caregiver training program	<input type="checkbox"/>
Counseling services	<input type="checkbox"/>
Group meals/home delivered meals	<input type="checkbox"/>
Other service(s) (please list):	<input type="checkbox"/>

Which types of modifications do you want to have made to your home? Why?

<i>Modification</i>	<i>Requested</i>	<i>Explanation for why</i>
Stairway modification	<input type="checkbox"/>	
Ramp installation or modification	<input type="checkbox"/>	
Widening of doorways and hallways	<input type="checkbox"/>	
Bathroom		
Installation of permanent fixtures, appliances, or technological features	<input type="checkbox"/>	
Other modifications(s) (please list):	<input type="checkbox"/>	

3. Eligible senior or senior caregiver (if applicable) disclosure statement:

I declare that to the best of my knowledge and belief that all information provided in this document are correct and true concerning my eligibility for the Senior Access program. I understand that any material misstatement may result in denial of Senior Access program modifications.

Printed name of eligible senior or caretaker

Signature

Date

4. Grantee Recommendations (please check one of the following):

I recommend based on this questionnaire that the qualifying senior become a recipient of the Senior Access program.	<input type="checkbox"/>
I recommend based on this questionnaire that the qualifying senior become a recipient of the Senior Access program and additional third party verification has been requested in order to support the findings of this questionnaire.	<input type="checkbox"/>
I recommend based on this questionnaire that this applicant not receive services under the Senior Access program because there is not sufficient documentation of need for the program. This senior has been offered the chance to appeal my determination by providing third party and other evidence of need.	<input type="checkbox"/>

5. Signature of Grantee

Printed Name

Signature

Date



**SENIOR ACCESS:
REASONABLE ACCOMODATION REQUEST FORM**
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People with disabilities are entitled to reasonable accommodation. It is the applicant's responsibility to prove the disability and to request reasonable accommodation. It is the sponsoring organization's responsibility to grant accommodations that are reasonable. Reasonable is defined as not too expensive or difficult to arrange. If necessary, the sponsoring organization will help the requestor with comprehension and completion of the Reasonable Accommodation Request Form.

I or a person in my household has a disability that I believe requires reasonable accommodation.

1. The accommodation I request is:

2. You can verify the need for the accommodation requested by contacting

Name _____ Phone _____
 Agency _____
 Address _____

Signature of Head of Household

Date



SENIOR ACCESS PROGRAM

SCOPE OF WORK

Sponsored by: Rural Alaska Community Action Program

731 E 8th Ave.

Anchorage, AK 99504



Applicant Information	
Applicant Name:	Date:
Physical Location:	
City and State:	Phone:
Prepared By:	

ESTIMATED EXPENSES:					
Location	Work Required	Apprx. Qty. and Unit	Total Material	Total Labor	Material and Labor Total
Total Expenses			\$		

Signature of eligible senior: _____

Date: _____

Senior Access Program

Sponsored by: Rural Alaska Community Action Prog
 731 E 8th Ave. Anchorage, AK 99501

VERIFICATION OF ACCESS MODIFICATION ASSISTANCE

In order to coordinate services, the Senior Access Program asks that you report if you have received assistance or have applied to any of the following programs listed below in the *past two years*.

Have you applied or received assistance from any of the following programs in the past two years for housing modifications or repairs? <i>Note: Applying or receiving assistance from other programs does not exclude applicants from the Senior Access Program.</i>		
Applied	Received Assistance	
<input type="checkbox"/>	<input type="checkbox"/>	Local Program...
<input type="checkbox"/>	<input type="checkbox"/>	Local Program....
<input type="checkbox"/>	<input type="checkbox"/>	Local Program....
<input type="checkbox"/>	<input type="checkbox"/>	Local Program....
<input type="checkbox"/>	<input type="checkbox"/>	USDA Rural Development 1700 East Bogard Road, Palmer, AK 99645 (907) 761-7786
<input type="checkbox"/>	<input type="checkbox"/>	Division of Vocation Rehabilitation 801 W. 10 th Street, Suite A, Juneau, AK 99801 (907) 465-2841
<input type="checkbox"/>	<input type="checkbox"/>	CHOICE Medicaid Waiver 3601 C Street, Suite 310, Anchorage, AK 99503 (907) 269-3666
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Administration Loan Guarantee Program 1-800-827-1000
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Administration Home Improvement Structural Alterations Grant Nick Carlos, 2925 DeBarr Rd., Anchorage, AK 99508, (907) 257-4930
Other (Please Identify the Program):		
What agencies or resources did you contact before finding out about the Senior Access Program?		

Signature of Applicant

Date



Senior Housing Accessibility Modifications:



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VERIFICATION OF DISABILITY

The applicant identified below has applied for the Owner-Occupied Rehabilitation Program that is provided through the Alaska Housing Finance Corporation and the agency identified below. Our regulations require that we must verify that a person has a disability, if they apply for a preference under this program. The individual has authorized your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program.

We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Rural AK Community Action Program Marla Tombleson 907-865-7376
Agency Contact Person Phone

PART I. APPLICANT INFORMATION

Name of Applicant _____ SSN: _____
Address of Applicant _____

PART II. EVALUATOR/DIAGNOSTICIAN INFORMATION

Name of Source _____
Address of Source _____

PART III. DIAGNOSIS INFORMATION (To be completed by evaluator/diagnostician)

Disability Certification: Under the HOME Program, a person with a disability is defined as a household comprised of one or more persons, at least one of whom is an adult, who has a disability. A person is considered to have a disability if the person has a physical, mental, or emotional impairment that:

- a. Is expected to be of long-continued and indefinite duration;
- b. Substantially impedes his or her ability to live independently; and
- c. Is of such a nature that such ability could be improved by more suitable housing conditions.

A person will also be considered to have a disability if he or she has a development disability, which is a severe, chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitations in three or more of the following areas of major life activity: Self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated. Notwithstanding the preceding provisions of this definition, the term "person with disabilities" includes two or more persons with disabilities living together, one or more such persons living with another person who is determined to be important to their care or well being, and the surviving member or members of any household described in the first sentence of this definition who were living, in a unit assisted with HOME funds, with the deceased member of the household at the time of his or her death.

Based on the above definition, it is my opinion that the individual indicated above: Has a disability
 Does not have a disability

Additional Comments (e.g., any special situations, etc.)

Completed by:
Phone #:

Signature: _____
Date: