

**HOME SAFETY SERVICES**

*Rebuilding Together Valley of the Sun believes safe homes are key to healthy living and successful families. Working at the critical intersection of health and housing, we provide free safety modifications for low-income seniors, veterans and disabled individuals. Our work preserves healthy, safe, and affordable housing, facilitates comfortable aging-in-place, and enhances quality of life.*

**To apply for services, please submit the following:**

* **3-Page Application**
* **Gross Income Verification Documents for each household member**

**(*include as attachments*)**

Required income verification documents are:

* + 1. Copies of previous three months’ bank statements
		2. Copy of previous year’s income tax return

**-AND- one of the following:**

Copy of social security or disability award/determination letter, or

Copy of three most recent payroll check stubs

***Please black out social security numbers and account numbers.***

***Three sources of income verification MUST be included with your application.***

**INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED**

*Return applications via mail, fax or email to*

Rebuilding Together Valley of the Sun

1826 W. Broadway Rd., Ste. 16

Mesa, AZ 85202

Phone: 480-774-0237

info@rtvos.org

www.rtvos.org



 **HOME SAFETY/FALL PREVENTION APPLICATION**

Please check one:  Mr.  Mrs.  Ms. Today's date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Home phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Veteran? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Widow of a Veteran? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you filling out this application for someone else? Yes\_\_\_\_ No, I am the applicant\_\_\_\_\_

* If yes, what is your relationship to the applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If yes, please put the names and numbers of the individuals we should contact regarding the application

Are you receiving any services (such as home health, have a caregiver, meals on wheels, etc.)? If so, please list name of service and frequency?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best method to reach you? (Please circle one)

Email Phone Mail Other\_\_\_\_\_\_\_\_\_\_\_

Please list your height\_\_\_\_\_\_\_\_ and weight\_\_\_\_\_\_\_\_

## PROPERTY INFORMATION

Do you own this home?Yes No Is this a mobile home? Yes No In what YEAR was this home built? \_\_\_\_\_

**Race, Please CIRCLE one**

White Black/African American Asian

American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander Asian and White

American Indian/Alaskan Native & White Am. Indian/Alaskan Native and Black Black/African American

Black/African American and White Other Multi-Racial Prefer not to answer

**Ethnicity: Please CIRCLE one**

Hispanic/Latino Non-Hispanic/Latino Prefer not to answer

*Rebuilding Together will not deny any services to people on the grounds of ethnicity, color, religion, national origin, gender or personal lifestyle.*

**INCOME How many people live in your home? \_\_\_\_\_\_ Adults \_\_\_\_\_ Children**

***Include income from all adults living in the home.***

Amount of Gross Income Source of Income (for example, SSI, pension, wages, etc.)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Gross Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/year

***PLEASE NOTE: Submission of application does not guarantee service. Service fees may apply to those with incomes above 80% of the median. Program waitlist ranges from 4 weeks to 12 months, depending on program.***

I/We certify that the above information is true and correct to the best of my/our knowledge. I/We realize that failure to provide all information requested could result in our application being invalid. I/We authorize RTVOS to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation through Rebuilding Together Valley of the Sun. I/We also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program.

**Signature(s) of Homeowner(s)**

Date

 Date

**NEEDS ASSESSMENT**

**Do you use a wheelchair? Yes\_\_\_ No\_\_\_**

* If yes, what type of wheelchair do you use? (Circle all that apply) Manual Power Scooter

or Other\_\_\_\_\_\_\_\_\_\_\_\_\_

* Can you transfer to/from wheelchair without assistance? Yes\_\_\_ No\_\_\_

**Do you use a walker? Yes\_\_\_ No\_\_\_**

**Do you use a cane? Yes\_\_\_ No\_\_\_**

**Safety/Accessibility/Disabilities:** On a scale of 1-5, ratehow you complete the followingtasks using the scale below. Please circle one. **(**1- Unable to do independently, 2- Needs assistance most of the time, 3- Uses assistive device, 4- Occasionally needs help, 5- No assistance needed).

Can you get in and out of the tub/shower? 1 2 3 4 5

Can you use steps/stairs? 1 2 3 4 5

Can you get on and off the toilet? 1 2 3 4 5

Can you get in and out of bed? 1 2 3 4 5

Can you stand from a sitting position? 1 2 3 4 5

How many times have you fallen at home in the last 6 months? 0\_\_\_ 1-3 \_\_\_ More than 3\_\_\_\_

* If yes, where have your falls occurred? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If yes, have you ever fallen at nighttime? Yes\_\_\_ No\_\_\_

In the last three weeks, how many times did you leave your home? 0-2 \_\_\_ 3-6\_\_\_ 7-10 \_\_\_\_ More than 10\_\_\_\_

* Are you currently still driving? Yes\_\_\_\_ No\_\_\_

Please check if you have any of the following:

 Low Vision \_\_\_\_ Low Hearing \_\_\_\_\_ Arthritis\_\_\_\_\_ Neuropathy \_\_\_\_\_

 Stroke \_\_\_\_\_ Amputee\_\_\_\_\_ TBI \_\_\_\_\_ Fractures\_\_\_\_\_\_\_

 Other health concerns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many smoke/fire detectors are there in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many carbon monoxide detectors are there in your home? \_\_\_\_\_\_\_\_\_\_\_

Does anyone in the home have asthma? Yes \_\_\_ No \_\_\_

**SAFETY MODIFICATION LIST – check what is desired**

**□ Bathroom grab bars □ Toilet assistance (seat or handles)**

**□ Tub transfer bench □ Raised toilet seat**

**□ Hand-held shower sprayer □ Toilet side handles**

**□ Anti-skid safety mat □ Bathing seat**

**□ Bed Cane/Rail □ Smoke detectors**

**□ Nightlights**

**□ Ramp into home needed (priority given to people who can no longer easily get in/out of home)**

**(NOTE: We are unable to provide ramps inside homes or into sunken rooms.)**

 If you checked Ramp needed, please answer the following questions:

* Are there stairs leading to your home? Yes\_\_\_\_\_ No\_\_\_\_
* If yes, please list how many steps? \_\_\_\_\_\_\_\_\_\_\_\_
* What material are your steps made of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What entrance do you move most frequently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_