



Safe at Home Services

Rebuilding Together Valley of the Sun repairs homes, revitalizes communities, and rebuilds lives. We provide fall prevention equipment to help individuals feel safer in their homes.

Please note that applying does not guarantee that services will be provided, and the process may take up to 3 months to complete. Due to funding requirements, to be considered for assistance, a new application must be submitted each year.

Verify that you meet the eligibility criteria below before applying:

- Applicant either owns the property or will be able to provide written permission from the property owner
- Applicant currently resides in the home
- Residents' income is at or below the threshold (shown in the graph below, additional residents noted at www.rtvos/safe-at-home)

Residents	1	2	3	4	5	6
Annual Income	\$52,400	\$59,850	\$67,350	74,800	80,800	86,800

To apply for services, please submit the following:

- Safe at Home Application
- Proof of Income Documents for **Each** Household Member. We require all the following for each resident as they apply to the individual.
 1. Bank statements from the previous three months
 2. Income Tax Return from the previous year
 3. Social security or disability award/determination letter
 4. Pension statements that are being distributed
 5. Child support or alimony order
 6. Three most recent payroll check stubs

If Proof of Income Documentation is missing/incomplete, application cannot be reviewed. Please black out social security numbers and account numbers.

To Submit Documents by Mail or Email:

Rebuilding Together Valley of the Sun
 1826 W. Broadway Rd., Ste. 16
 Mesa, AZ 85202
clientservices@rtvos.org



Safe at Home Application

Date: _____ Please check one: Mr. Mrs. Ms. Other _____
First Name: _____ Last Name: _____
Address: _____ City: _____ Zip Code: _____
Date of Birth: ____/____/____ Email: _____
Home phone: (____) _____ Cell Phone: (____) _____
Referred by: Name: _____ Phone: (____) _____
Organization: _____

Are you a Veteran? _____ Spouse/Widow(er) of a Veteran? _____

In case of an emergency or to assist us in contacting you, please list one personal contact:

First and Last Name: _____
Relationship: _____ Phone: (____) _____

Property Information

Do you own this home? Yes No Is this a mobile home? Yes No Year Built _____

Safety Modification Needs (select all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Grab bars | <input type="checkbox"/> Night lights | <input type="checkbox"/> Bathtub clamping bar |
| <input type="checkbox"/> Toilet risers and rails | <input type="checkbox"/> Handheld shower head | <input type="checkbox"/> Non-slip shower mat |
| <input type="checkbox"/> Shower chair/stool | <input type="checkbox"/> Smoke detectors | <input type="checkbox"/> Carbon monoxide detectors |
| <input type="checkbox"/> Wheelchair ramp (priority given to people who can no longer easily get in/out of home) | | |

If requesting a ramp: Do you have entry stairs? Yes No

If yes: How many? _____ Wood Concrete Other _____

We are unable to provide ramps in homes or sunken rooms. Custom-built ramps may take up to 6 months for installation.

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

How many carbon monoxide detectors are there in your home? _____

Household Residents

Please provide us with the following information for **ALL** residents living in the home (use additional paper if necessary):

Name	Age	Ethnicity*	Health Conditions ^A	Relationship to Applicant	Income Source	Total Annual Gross Income	Gender (circle)
							M / F / Non-binary
							M / F / Non-binary
							M / F / Non-binary
							M / F / Non-binary
							M / F / Non-binary
							M / F / Non-binary
							M / F / Non-binary
							M / F / Non-binary

*Ethnicity (list all that apply)

- White
 - Black
 - Asian
 - Hispanic/Latino
 - American Indian/Alaskan Native
 - Native Hawaiian/Other
- ^AHealth Conditions** (list all that apply)
- Asthma/Breathing Issues
 - Neuropathy
 - Low Hearing
 - Amputee
 - Arthritis
 - Other
 - TBI
 - Low Vision
 - Fractures
 - Stroke

Rebuilding Together will not deny any services to people on the grounds of ethnicity, color, religion, national origin, gender, or personal lifestyle. The information is required by the federal government for reporting purposes.

Needs Assessment

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 your height? _____ What is your weight? _____ *Used to identify appropriate products*

Do you use any of the following (check if yes)? Cane Walker Wheelchair

If you use a wheelchair: What type? Manual Power Scooter Other _____

Can you transfer to/from without assistance? Yes No

Safety/Accessibility/Disabilities: On a scale of 1-5, rate how you complete the following. 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? _____

Have you ever fallen at nighttime? _____

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

Are you currently driving? Yes No

Are you confident you can live independently in your home? Yes No

Are you able to maintain your home? Yes No

Do you have carpet? Yes No

Do you have indoor pets Yes No

How is your health and safety impacted by the condition of your home? _____

Rebuilding Together Valley of the Sun may provide service at no charge for applicants in income qualified households.

Please agree to the following before signing and submitting this application:

- I certify that the above information is true and correct to the best of my knowledge. Failure to provide complete information may result in dismissal. I authorize RTVOS to check any references necessary to process this application. Any information received will remain confidential and will be used strictly for determining program eligibility.
- I attest that I do not have the financial means to perform the repairs for which I am applying.
- I understand that work is done by a combination of professional construction companies, Rebuilding Together staff, and volunteers and not all services provided will be warrantied.
- I authorize use of images of me, my home, and any other guests/residents at the home at the time of service for any publication (electronic or print) by Rebuilding Together Valley of the Sun, volunteers, and sponsoring groups.
- Submission of this application DOES NOT guarantee service. Services to be provided may be dependent upon available funding.
- Prior to being selected, a Rebuilding Together Valley of the Sun representative may conduct a home visit.

Applicant Signature: _____

Date: _____

If this application is completed by someone other than the applicant, or if assistance was provided to the applicant, PREPARER must complete the following:

PREPARER affirms, swears and certifies that they have obtained the information included in this information from the APPLICANT or other appropriate and verifiable source(s); has prepared this application with the knowledge and consent of the APPLICANT; has prepared this application solely and exclusively at the behest of, in the interest of, and for the benefit of the APPLICANT, and has prepared this application for the benefit of no other person or entity:

Name of Preparer: _____ Phone: (_____)_____

Signature: _____

Relationship to Applicant: _____