



Safe at Home Services

Rebuilding Together Valley of the Sun repairs homes, revitalizes communities, and rebuilds lives. Our Safe at Home program improves health and safety for our neighbors in need.

To apply for services, please submit the following:

- 3-Page Safe at Home Application
- Proof of Income Documentation for **Each** Household Member. Please black out social security numbers and account numbers.
 1. Bank statements from the previous three months;
 2. Income Tax Return from the previous year (If filed); **and**
 3. Social security or disability award/determination letter, OR three most recent payroll check stubs

If Proof of Income Documentation is missing/incomplete, application cannot be reviewed.

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 (if avail.): (____) _____
Referred by: Name: _____ Phone: (____) _____
Organization: _____

Are you a Veteran? _____ 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: (____) _____

Ethnicity (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to answer |

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

Household Income

How many people live in the home? _____ Adults _____ Children

Include income from all Adults living in the home.

<u>Amount of Gross Income</u>	<u>Source of Income (for example, SSI, pension, wages, etc.)</u>
\$ _____/year	_____
\$ _____/year	_____
\$ _____/year	_____
Total Gross Income \$ _____/year	

Property Information

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

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

Please check if you have any of the following:

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asthma/Breathing issues | <input type="checkbox"/> Low Vision | <input type="checkbox"/> Low Hearing |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Amputee | <input type="checkbox"/> TBI | <input type="checkbox"/> Fractures |
| <input type="checkbox"/> Other health concerns _____ | | |

Do you have carpet? Yes No

Do you have indoor pets Yes No

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

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

Safety Modification Needs (select all that apply)

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

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

If yes: How many? _____ Wood Concrete Other _____

We are unable to provide ramps inside homes or into sunken rooms

How would these modifications benefit you regarding your health, safety, and wellbeing? _____

Submission of this application DOES NOT guarantee service. 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 completed 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 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.
- Prior to being selected, a Rebuilding Together representative may conduct a home visit.

Signature: _____

Date: _____

If signed on behalf of applicant: Name of Signator: _____

Phone: (_____) _____

Relationship: _____