



Rural Alaska Community Action Program, Inc. (RurAL CAP)  
**Senior Access Program**  
**Southeast Alaska Application**

**RurAL CAP**  
Rural Alaska Community Action Program, Inc.

Administered by:  
 RurAL CAP – Home Improvement Workgroup

**Summary of Services:** The spirit of the Senior Access Program is to make modifications to allow seniors age 55+ with a confirmed disability to live safely in their home for as long as possible. **Services may include upgrades such as ramps; roll-in showers; grab bars; and elevated and handicap accessible toilets.**

**Applicant eligibility:** Participant household income:

The Household Size →	1	2	3	4	5	6	7	8
	\$90,090	\$102,960	\$115,830	\$128,700	\$138,996	\$149,292	\$159,588	\$169,884

documents listed below must accompany your completed application for it to be processed. Please review the list below and submit copies of all documents that apply to your situation. **Income for each person living in the home at the time of applying for the Senior Access Program must be included.**

**Completed Application Checklist**

<input type="checkbox"/> Completed application
<input type="checkbox"/> Proof of homeownership
<input type="checkbox"/> Most recent filed income tax returns and W-2's for all household members that have filed
<input type="checkbox"/> Most recent pay advice
<input type="checkbox"/> All other income not listed
<input type="checkbox"/> Photo ID
<input type="checkbox"/> <b>Renters</b> – Landlord/Tenant agreement

**Priority ranking:** Priority is on a first come first served basis with individuals that have a **completed application**. Once capacity for the grant year has been met, additional applicants will be placed on a waitlist for the following grant program year.

**QUESTIONS?** Please contact RurAL CAP Home Improvement Workgroup at (800) 478-7227 option 5, or email [info@weatherizeme.org](mailto:info@weatherizeme.org), or visit our website [www.ruralcap.com](http://www.ruralcap.com)



<b>Office Use Only</b> <input type="checkbox"/> DOE <input type="checkbox"/> AHFC-Eligible                      WX# _____ Approved: _____ Date: _____ Denied: _____ Date: _____	<b>RurAL CAP Senior Access Program</b> 731 E. 8 <sup>th</sup> Avenue Anchorage, AK 99501 Phone: (907) 279-2511 option 4 Fax: (907) 865-7294 Toll Free: 1-800-478-7227
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**CONFIDENTIAL**

Applicant Name:	Contact phone number:
Physical Address:                      Street                      City                      State                      Zip	
Mailing Address: <input type="checkbox"/> Check if same as physical address	
Email address: _____	
Type of residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Housing Authority <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home    Serial Number: _____ <input type="checkbox"/> Multi-Family (Apartment)	
Property information: Do you currently have your home up for sale or is it in foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your home built prior to 1978? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Family Type: <input type="checkbox"/> Two parent household (living with children) <input type="checkbox"/> Single person (living alone) <input type="checkbox"/> Single parent female (living with children) <input type="checkbox"/> Single parent male (living with children) <input type="checkbox"/> Two adults (no children) <input type="checkbox"/> Multi-generational household <input type="checkbox"/> Other: _____	Utilities paid by: <input type="checkbox"/> Self <input type="checkbox"/> Landlord <input type="checkbox"/> Heating/Energy Assistance (LIHEAP) <hr/> Total # of people in household: _____



**All Household Members** (Please list anybody that lives at the same address)

Name (First M.I. Last )	SSN XXX-XX-XXXX	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Education level <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some postsecondary <input type="checkbox"/> 2 or 4 year college graduate	Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic/Latino	Race <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> More than one
Source of income:	Annual amount \$	Date of Birth:  Age:	Characteristics (please indicate by checking all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Health Insurance <input type="checkbox"/> Veteran	Work Status (please check status) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Work Status (please check status continued) <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
Name (First M.I. Last )	SSN XXX-XX-XXXX	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Education level <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some postsecondary <input type="checkbox"/> 2 or 4 year college graduate	Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic/Latino	Race <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> More than one
Source of income:	Annual amount \$	Date of Birth:  Age:	Characteristics (please indicate by checking all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Health Insurance <input type="checkbox"/> Veteran	Work Status (please check status) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Work Status (please check status continued) <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student



Name (First M.I. Last )	SSN XXX-XX-XXXX	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Education level <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some postsecondary <input type="checkbox"/> 2 or 4 year college graduate	Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic/Latino	Race <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> More than one
Source of income:	Annual amount \$	Date of Birth:  Age:	Characteristics (please indicate by checking all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Health Insurance <input type="checkbox"/> Veteran	Work Status (please check status) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Work Status (please check status continued) <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
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Source of income:	Annual amount \$	Date of Birth:  Age:	Characteristics (please indicate by checking all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Health Insurance <input type="checkbox"/> Veteran	Work Status (please check status) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Work Status (please check status continued) <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student

\*Use additional sheets of paper for additional household members



### Child Support Verification Senior Access Program

**Must be filled out by each person in the home that is age 18 or older**

Name (First, Last)

Soc. Sec. No.

Signature

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

### For Office Use Only Verification of information

Are applicants obligated to pay child support?

- a.  No  Yes Monthly Payment Amount: \$ \_\_\_\_\_
- b.  No  Yes Monthly Payment Amount: \$ \_\_\_\_\_
- c.  No  Yes Monthly Payment Amount: \$ \_\_\_\_\_
- d.  No  Yes Monthly Payment Amount: \$ \_\_\_\_\_
- e.  No  Yes Monthly Payment Amount: \$ \_\_\_\_\_

Does a child support arrearage exist for any of the applicants?

- a.  No  Yes
- b.  No  Yes
- c.  No  Yes
- d.  No  Yes
- e.  No  Yes

If an arrearage exists, the amount of arrearage is: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

Information verified by:

\_\_\_\_\_  
Marla Tombleson, Grants Administrator

\_\_\_\_\_  
Date





**Household Needs Survey**  
 Senior Access Program  
 RurAL CAP Home Improvement Workgroup  
 731 E. 8<sup>th</sup> Avenue, Anchorage, AK 99501

This survey can be filled out by the applicant or by the applicant’s caretaker. The purpose of this survey is to determine and document the applicant’s need for the Senior Access Program. In addition to answering the following questions, you may be asked to provide additional documentation to determine 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 staff will have access to your application. You do not have to answer any question in this survey that you may not feel comfortable answering.

Applicant’s Name:	
Caretaker Name and relationship (if applicable):	
Physical address:	
Date:	

Please rate the following life activities: 1 = not difficult; 2 = some difficulty; 3 = substantial difficulty). Please feel free to provide additional information.

1	2	3	Caregiver assists	Life Activity	Additional Information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Eating	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Getting in and out of bed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Getting around the house	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Getting dressed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Bathing or showering	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Using the bathroom	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Doing heavy housework	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Doing light housework	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Doing laundry	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Getting around outside	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Going places outside and walking distances	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Using the telephone	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Other:	



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

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

Which types of modifications do you want to have made to your home, and why?

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

Eligible applicant or applicant caregiver (if applicable) disclosure statement:

I declare that to the best of my knowledge and belief that all information provided in this document is 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.

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Printed name of eligible applicant or applicant's caregiver

**Signature**

Date

Grantee recommendations (please check one of the following):

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

Signature of grantee

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Marla Tombleson, Grants Administrator

Date



## Senior Housing Accessibility Modification

### Referral Form

Someone such as a physician, case manager, care provider or care coordinator, may complete this letter, it cannot be written by a household member.

Name of applicant: \_\_\_\_\_

Name of person completing application: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Referral Agency/Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following proposed modification to the applicant's property is directly related to the senior's needs. The home improvements are necessary to improve accessibility for the senior(s) living in the household and to allow current residents to remain safely at home for as long as possible.

Proposed Modification: (Please complete)


\_\_\_\_\_  
Signature

\_\_\_\_\_  
Referral Agency

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Phone



Address \_\_\_\_\_

Date \_\_\_\_\_

### Verification of Access Modification Assistance

#### Senior Access Program

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? Note: Applying or receiving assistance from other programs does not exclude applicants from the Senior Access Program.		
Applied	Received Assistance	
<input type="checkbox"/>	<input type="checkbox"/>	USDA Rural Development 800 Evergreen Avenue, #201, Palmer, AK 99645 (907) 761-7700
<input type="checkbox"/>	<input type="checkbox"/>	Division of Vocation Rehabilitation P.O. Box 115516, Juneau, AK 99811-5516 (907) 465-6857
<input type="checkbox"/>	<input type="checkbox"/>	Choice Medicaid Waiver 550 W. 8 <sup>th</sup> Avenue, Anchorage, AK 99501-3574 (907) 269-3666
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Administration Loan Guarantee Program 1-80-827-1000
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Administration Home Improvement Structural Alterations Grant Nick Carlos, 2925 DeBarr Road, Anchorage, AK 99508 (907) 257-4930
<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Other:
What agencies or resources did you contact before finding out about the Senior Access Program?  _____  _____  _____		

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_



## Reasonable Accommodation Request Form

### Senior Access Program

People with disabilities are entitled to reasonable accommodation. It is the applicant's responsibility to prove the disability and to request the 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 Form.

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

1. The accommodation I request is:

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

Name:	Agency:
Address:	

**Signature of Head of Household**

Date

Qualifying applicants must meet the definition of a "senior household" under 15 AAC 151.950©(10)(A), except that at the time the household is determined eligible for the program, he or she 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 or individuals described in one of these definitions above, regardless of their ages, who are essential to the case or well being of the individual or individuals.

Please note: Applicants 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.



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**Signature**

Date

I understand and agree that photographs or video of myself and/or family may be used to promote the Senior Access Program.

Applicant property 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.

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 State 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.

I/we hereby authorize Rural Alaska Community Action Program, Inc. (RurAL CAP) to verify my/our employment, income, ownership of property, and to make any other inquiries pertaining to my/our qualification for a grant from RurAL CAP. RurAL CAP may make copies of this letter for distribution to any party and they may treat such copy as an original.

**Permission to Perform Work**

I grant permission to RurAL CAP and its agents or contractors to perform Senior Access Program work on my primary place of residence.

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**Signature of Head of Household**

Date



### Senior Access Program Scope of Work

Applicant Information to be filed out by applicant:	
Applicant Name:	Date:
Physical location:	
City and State:	Phone:

Estimated expenses prepared by:					
Location	Work Required	Apprx. Qty. and Unit	Total Material	Total Labor	Material and Labor Total
Total Expenses			\$		

Signature of applicant

Date

