

West Virginia Bureau of Senior Services Home Modification and Accessibility Program

APPLICATION

Applicants Last Name: _____

Applicants First Name: _____

Date Application Completed	Applicants Date of Birth (Must be 60 or older)	Gender
	DOB: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity 1 - Hispanic or Latino 2 - Not Hispanic or Latino	Race 1- American Indian/Alaskan Native 2 Asian - 3 Black/African American 4 Native Hawaiian/Other Pacific Islander 5 White 6 Other	

How did you hear about the program: _____

Section 1: Current Living or Residential Setting

Check the setting where the applicant is currently living
<input type="checkbox"/> Own home <input type="checkbox"/> At the home of a family member or friend
<input type="checkbox"/> Rent (Apartment or Home) *The rental property owner must agree to modifications.* See Instructions
Lives alone <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who does the applicant live with? _____

Street Address	
Mailing Address (if applicable)	
City, State and Zip Code	
County	
Telephone Number	
Email Address	
Directions and description	

Please explain your situation/modification need and how the modifications and/or items requested will help you remain in your home/community. (Medical conditions, medical need for the item, etc.)

Section 2: Activities of Daily Living and Instrumental Activities of Daily Living

Check the following activities you need assistance with.		
<input type="checkbox"/> Bathing	<input type="checkbox"/> Climbing Stairs	Other: _____ _____ _____ _____ _____ _____ _____
<input type="checkbox"/> Dressing	<input type="checkbox"/> Sleeping	
<input type="checkbox"/> Grooming (combing hair, nail care)	<input type="checkbox"/> Breathing	
<input type="checkbox"/> Walking	<input type="checkbox"/> Seeing	
<input type="checkbox"/> Transferring (sitting to standing; lying down to standing; shower to commode)	<input type="checkbox"/> Hearing	
<input type="checkbox"/> Wheeling		
<input type="checkbox"/> Toileting		
<input type="checkbox"/> Feeding Self		
<input type="checkbox"/> Preparing meals		

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Section 3: Services Information

Are you a Medicaid member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive in-home supports from Medicaid Waiver Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on the waiting list for Medicaid Waiver Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Medicare member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you participate in the Take Me Home WV Money Follows the Person Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you participate in the Olmstead Transition and Diversion Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on a Centers for Independent Living Community Living Services and Supports waiting list? If yes, what service/support are you waiting for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive services from a Senior Center?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Financial Information

Applicant's total monthly income. (Before any deductions)	\$ _____
Any financial resources (Checking, Savings, CD's, stocks, etc.)	\$ _____
Additional income from other household members.	\$ _____
Check all that apply toward Applicant's monthly income.	
<input type="checkbox"/> Wages	<input type="checkbox"/> Supplemental Security Disability Income
<input type="checkbox"/> Social Security Benefits Income	<input type="checkbox"/> State Assistance Programs
<input type="checkbox"/> Veterans benefits	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Rental Property income	<input type="checkbox"/> Pension or Retirement income
<input type="checkbox"/> Investment or Trust fund income	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Other (please explain): _____	

Section 5: Other Information

Please provide any other information you would like to be considered in your request (medical expenses, debts, dependents, documentation of need from a physician, etc.): _____ _____ _____
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Section 6: Funding Request Proposal

Requested Item(s) and Cost

Category	Item(s) Requested	Estimated Cost **See Instruction Sheet
Durable medical equipment, assistive devices, or technology		
Home modifications or accessibility adaptations		
Have you applied for funding through the West Virginia Bureau of Senior Services Home Modification and Accessibility Program in the past? ___ Yes ___ No If yes, date of prior application: _____		
Have you asked any other programs for help with paying for the requested item/service? ___ Yes ___ No If yes, please list those programs: _____ _____		
If your request exceeds the \$3000 allowable under this program, please explain where you will get the rest of the money to pay for the item/services requested. (If money is coming from another organization, documentation verifying this must be attached.) _____ _____ _____		

Section 7: Certification and Authorization

My signature indicates the information provided in this application is accurate and complete to the best of my ability. My signature authorizes the release of information enclosed in the application to determine eligibility for the program.
Applications must be signed by the applicant or the legal representative (please provide legal representative authorizing documentation).
I give my permission to talk to: Family member name and phone number: _____ Legal Representative name and phone number: _____ (A copy of 1 (one) authorizing document must be provided.) Case Manager name and phone number: _____ Other individual name and phone number: _____

Signature: _____
Applicant

Date: _____

Signature): _____
Legal Representative (if applicable)

Date: _____

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Return Application to:

WV Aging & Disability Resource Center
1400 Ohio Avenue, Suite B
Dunbar, WV 25064
Fax to: (304) 766-4137 or email to ADRC@wvstateu.edu

Date: _____

Review names: _____

	Reviewer Initials
1. ___ Yes or ___ No	_____
2. ___ Yes or ___ No	_____
3. ___ Yes or ___ No	_____
Notes/Recommendations: _____	

