



# Safe at Home Application

Revised 12/19/2018



Platte County Senior Fund in partnership with Rebuilding Together provides the Safe at Home program for those individuals age 60 and over living in Platte County. The Safe at Home program provides safety modifications to improve accessibility, reduce falls and increase independence in the home.

## Section 1. APPLICANT INFORMATION

|   |                  |  |         |
|---|------------------|--|---------|
| Client Name:  |                  | Date:  |         |
| Street Address:   | City:            | Zip:   | County: |
| Phone:  | Alternate Phone: |  |         |
| Alternate Contact to set up services (if other than client) Name:                                 |                  |  |         |
| Alternate Contact Phone:  |                  | Alternate Contact Relationship:                          |         |
| How did you hear about this program:  |                  |  |         |
| Is any resident of the home a U.S. Armed Forces Veteran or currently serving? (Circle One) YES NO |                  |  |         |
| If yes, name(s):  |                  |  |         |
| Are you a widow or widower of a Veteran? YES NO   |                  | Do you own or rent? (Circle one) OWN RENT                |         |
| Was your home built before 1978? YES NO   |                  | Property Tax Paid? YES NO                                |         |
| How long have you lived at this current address: year(s)  |                  | How long do you plan to continue living at this address? |         |

## Section 2. RESIDENTS OF HOUSEHOLD

List ALL individuals living in the home including in the home including homeowners (race is used for reporting purposes only).

|   | Name | Gender | Date of Birth | Race |
|---|------|--------|---------------|------|
| 1 |      |        |               |      |
| 2 |      |        |               |      |
| 3 |      |        |               |      |
| 4 |      |        |               |      |

## Section 3. INCOME-Monthly

Please enter **monthly** income information for ALL residents in the home. **In order for your application to be processed in a timely fashion, a copy of proof for EACH INCOME listed must be provided.** For PCSF funding the resident(s), age 60 and above only, income is used in calculating co-payment. Please note that an income level which results in 100% co-pay shall be a considered a Referral by the Platte County Senior Fund to Rebuilding Together Kansas City.

|   | Name/Age<br><i>Primary Applicant should be Income #1<br/>Spouse of primary applicant should be #2</i> | Salary/<br>Wages<br>Monthly | Social<br>Security<br>(net)<br>Monthly | Pension<br>Monthly | Dividend/<br>Investment<br>Monthly | Veterans<br>Monthly | Other Income<br>Monthly | Total |
|---|---|-----------------------------|--|--------------------|------------------------------------|---------------------|-------------------------|-------|
| 1 |   | \$                          | \$                                     | \$                 | \$                                 | \$                  | \$                      | \$    |
| 2 |   | \$                          | \$                                     | \$                 | \$                                 | \$                  | \$                      | \$    |
| 3 |   | \$                          | \$                                     | \$                 | \$                                 | \$                  | \$                      | \$    |
| 4 |   | \$                          | \$                                     | \$                 | \$                                 | \$                  | \$                      | \$    |

**Section 4. REPAIRS AND MODIFICATION NEEDED**

Are modifications needed to make the home accessible for a disabled occupant? YES NO

Mark repairs or modifications needed to make the home safe, improve accessibility and reduce fall risk:

|                    |  |                                 |  |
|--------------------|--|---------------------------------|--|
| Grab Bars          | Clamp-on Tub Rail                      | Hand-Held Shower                | Shower-Seats   |
| Tub Transfer Bench | Toilet Riser with Rails                | ADA (taller) Toilets            | Tub Cut-Outs   |
| Vertical Rails     | Handrails: Repair/Replace              | Offset Door Hinges              | Porch/Deck Railings                                      |
| Stair Repair       | Flooring that is a fall or trip hazard | Adjustable Door Threshold Ramps | Low-Rise Steps (you have a walker & steps are difficult) |

Please use this space to detail any items you might think of..

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**Section 5. RELEASE**

The information provided in this application is accurate to the best of my knowledge. I understand income information is used to calculate applicable co-pays and is kept confidential. I understand I am responsible for the repair co-pay (as calculated on this application) at the time of service.

Client Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Please return the application to Rebuilding Together Kansas City

**Mail:** 2050 Plumbers Way #150, Liberty MO 64068

**Fax:** 816-781-9789

**Email:** info@rebuildingtogetherkc.org

If you have more Questions please call 816-781-8985 for more information.

**OFFICE USE ONLY**

| Task  | Initials & Date |
|---|-----------------|
| Proof of Income listed in Section 3 of this application has been provided by each resident list (if the main applicant has applied with Platte County Senior Fund-call 816-270-2800 for verbal verification of income and to determine co-pay amount) |                 |
| Deed to the property has been printed off and attached to the application   |                 |
| Tax Receipt of the property has been printed off and attached to the application  |                 |
| Calculate Co-Pay Percentage   |                 |
| Administration Review   |                 |

**CO-PAY CALCULATION**

For PCSF funding, co-pay is calculated using income is resident(s) age 60+ only. All income listed must have proof. **Please note that any co-pay of 100% is considered a full pay referral to Rebuilding Together Kansas City.** **List Income Totals from Section 3 for Residents 60 and older ONLY!**

| Single Households  |                        | Couples Households |                        |   |           |
|--------------------|------------------------|--------------------|------------------------|---|-----------|
| \$0 to \$1,164     | = 0% co-pay            | \$0 to \$1,577     | = 0% co-pay            | 1   | \$        |
| \$1,165 to \$1,788 | = 25% co-pay           | \$1,578 to \$2,423 | = 25% co-pay           | 2   | \$        |
| \$1,789 to \$2,412 | = 50% co-pay           | \$2,424 to \$3,269 | = 50% co-pay           | 3   | \$        |
| \$2,413 to \$3,036 | = 75% co-pay           | \$3,270 to \$4,115 | = 75% co-pay           | 4   | \$        |
| \$3,067 & Above    | = Private Pay Referral | \$4,116 & above    | = Private Pay Referral | 5   | \$        |
|                    |                        |                    |                        | <b>Total of all Income (60 &amp; Older)</b> | <b>\$</b> |
|                    |                        |                    |                        | <b>Co-Pay Percentage Amount</b>             | <b>%</b>  |