

Housing and Home Improvement Service
INTAKE, NEEDS ASSESSMENT AND SERVICES

Person requesting service: _____ Age: _____ Date: _____

What circumstances (ex. physical health, financial need) prompted this application for services?

Person evaluating need for service: _____ Date: _____

This needs' assessment indicates services would: _____ promote mobility _____ promote caregiver assistance
_____ reduce likelihood of falls _____ reduce premature institutionalization _____ Other: _____

Is property in question: _____ owned _____ rented (see Appendix A) _____ life time right County _____

Is applicant: 60+ _____ Yes _____ No a Veteran _____ Yes _____ No Does applicant live alone? _____ Yes _____ No

Does applicant receive SSI? _____ Yes _____ No Are others available to assist? _____ Yes _____ No

Housing services support independent living by providing information on: fair housing, foreclosures; grants or loans for home repair; home buying; homelessness prevention; independent housing options and locations; landlord tenant relations; mortgage delinquency and default resolution counseling; predatory lending; reasonable accommodations; reverse mortgage counseling and tenant's rights and responsibilities.

Home Improvement services identify health and safety issues affecting the home or areas adjacent to the home. Check services applicant requested. Allowable services are listed below. Send a waiver to the AAA then to DAAS for service requests not listed.

Security features: _____ locks-windows or doors _____ dead bolt lock _____ emergency alert equipment _____ (no on-going maintenance contract) _____ smoke/carbon monoxide detectors

Minor home repairs and improvements: _____ repair bathroom sink, shower/tub commode _____ repair kitchen sink _____ repair/replace door or window _____ roof shingles/felt replaced _____ floor repair _____ walls/ceiling repair _____ doorways widened

Modifications to promote mobility: _____ ramp _____ grab bars _____ handrail _____ threshold repair _____ steps repaired

Provision of, repair of or replacement of basic furnishings or household appliances: _____ mattress/box springs _____ chair _____ stove _____ hot water heater _____ refrigerator _____ washing machine _____ heating/cooling appliance _____

Applicant was provided information on additional federal, state and local services on (date) _____; check all that apply: _____ Local/County government-small cities (CDBG) _____ (large) City government Entitlement Communities (CDBG) _____ Vocational Rehab/ Independent Living/DPP _____ Area Agency on Aging (HCCBG) _____ Local tax office _____ N C Energy (Weatherization) (Heating Air Repair) _____ Department of Social Services (State In-Home or SSBG) _____ USDA _____ NC Housing Finance Agency (Urgent Repair) (HOME) _____ VA

List other agencies involved in providing assistance: _____

Work provided on this date: _____ Are before and after pictures available? _____ Yes _____ No

Was client satisfied with services? _____ Yes _____ No Why not and what was done to correct problem?

Was this person placed on a waiting list? _____ Yes _____ No

Applicant Signature: _____ Date: _____
(not mandatory)