



**Intake**

The program is a collaboration between MaineHousing and local Public Housing Authorities and Community Action Agencies . The maintenance teams from the local agencies will be providing safety accessibility repairs. The goal is to increase the housing stability of low-income, elderly homeowners in Maine by increasing safety, minimizing the maintenance burden, and lengthening tenure in their own homes.

**1. Date**

**2. ID number:**

**3. How did you hear about the program (referral source)?**

- Community Action Agency
- Public Housing Authority
- Internet Search
- Town or City Office
- Social Service Organization
- Medical Community (doctor, pharmacy, home health, etc.)
- Other (please specify)

**4. What is your first and last name?**

First name:

Last name:

**5. What is your street address?**

**6. What city/town do you live in?**

**7. What is the best phone number to reach you?**

**8. How many people live in your home?**

**9. How many people in the household need help with accessibility or safety issues in the home from the Comfortably Home program?**

**10. What is your household's annual gross income?**

**11. Homeowner(s) meet program guidelines?**

Yes

No

Notes and/or referred to:

**12. What are the ages of those living in the household?**

1

2

3

4

5

**13. Is anyone living at your home disabled?**

Yes

No

If YES, how many?

**14. What type of Medical insurance do you have?**

- MaineCare (Indicates income eligibility)
- Medicare
- TRICARE
- Private Insurance
- Uninsured

**15. Have you ever served in the military?**

- Yes
- No

If YES, which branch?

**16. Have you ever had a Occupational Therapy, energy, or other type of home assessment?**

- No  OT  Energy Audit
- Other (please specify)

**17. What type of home do you live in?**

- House  Mobile home  Condo  Multifamily

**18. Do you know the year your home was built or manufactured?**

**19. Are there any pets in the home?**

- Yes  No

Additional information:

**20. What do you hope the program will be able to do for your property/home?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Safety Inspection (smoke detectors, CO detectors, dryer vent, fridge coil, light bulbs, furnace filter) | <input type="checkbox"/> Kitchen - Faucet handles to levers | <input type="checkbox"/> Minor plumbing   |
| <input type="checkbox"/> Bathroom - Install grab bars  | <input type="checkbox"/> Handrails                          | <input type="checkbox"/> Minor electrical |
| <input type="checkbox"/> Bathroom - Shower wands (on/off)  | <input type="checkbox"/> Change doorknobs                   | <input type="checkbox"/> Doorbell         |
| <input type="checkbox"/> Bathroom - Shower seats   | <input type="checkbox"/> Minor flooring repairs             | <input type="checkbox"/> Lighting         |
| <input type="checkbox"/> Bathroom - Raised toilet seats  | <input type="checkbox"/> Gutters over entryways             | <input type="checkbox"/> Winterizing      |
| <input type="checkbox"/> Bathroom - Faucet handles to levers   | <input type="checkbox"/> Storm doors/screen doors           |   |
| <input type="checkbox"/> Kitchen - Drawer pulls  | <input type="checkbox"/> Steps/existing ramps               |   |
| <input type="checkbox"/> Other (please specify)  |   |   |

**21. Homeownership verified on assessor database:**

- Yes
- No - requested homeownership documentation at initial visit