

Community Aging in Place Grant: **Phone Intake****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