

INTERIOR REGIONAL HOUSING AUTHORITY

828 27TH Avenue, Fairbanks, AK 99701
Phone: (907) 452-8315 • Fax (907) 452-8324

Vera Lestenkof (vlestenkof@irha.org)



SENIOR ACCESS PROGRAM

Applicant Name: _____ Date: _____

REQUIRED DOCUMENTATION THAT NEEDS TO BE ATTACHED TO YOUR APPLICATION WHEN APPLYING FOR THIS PROGRAM

- Child Support Services verification form for EVERY person over 18 in the household
- Picture I.D. for every person over 18 years of age in the household
- Proof of Income (verification of any/all income for every person over 18 in household, prior tax information for every person over 18 years, proof of all PFDs and Native Corporation Dividends for every person over 18 years)

OR

- Proof of participation in one of the following programs in the past 12 months:
 - ___ Social Security Income
 - ___ Food Stamps
 - ___ State of Alaska Heating Assistance Program Benefits
 - ___ LIHEAP (low-income federal energy assistance program)
 - ___ IRHA Income-based Weatherization assistance program
- Proof of Home Ownership (Quitclaim deed, Warranty deed or Land Verification form)
- Household Needs Questionnaire

ALL HOUSEHOLD MEMBERS 18 and OVER MUST SIGN THE APPLICATION OR IT WILL BE RETURNED ORIGINAL APPLICATION MUST BE RETURNED

NOTICE TO ALL APPLICANTS

In order for IRHA to determine if you are eligible for the program, all required documentation must be completed and returned at the same time. Failure to do so will account for a letter requesting missing information. If IRHA’s Planning Department has not received the requested information within thirty (30) days of the second letter sent to you requesting such information, your application will become inactive and you will not be considered for the program to which you have applied.

SENIOR ACCESS PROGRAM

Sponsored by: Interior Regional Housing Authority

APPLICATION FORM

Applicant Information	
Last Name:	First Name:
Mailing Address:	
Street Address of Home:	
City/State/Zip:	Phone:

Household Information:	
Name of Head of Household:	Annual Household Income: \$ _____
Name of Property Owner:	Phone # of Property Owner:
Number of Household Members:	Year House was Built:
Current Residential Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____	Dwelling Type: <input type="checkbox"/> Stick-built <input type="checkbox"/> Condo <input type="checkbox"/> Modular <input type="checkbox"/> Mobil Home located in <input type="checkbox"/> Park, <input type="checkbox"/> Private Lot, <input type="checkbox"/> Other <input type="checkbox"/> Other: _____
Modifications Requested: <input type="checkbox"/> Access Ramp <input type="checkbox"/> Bathroom access modifications	

Qualifying seniors must meet the definition of a “senior household” under 15 AAC 151.950(C)(10)(A), except that at the time the household is determined eligible for the program, it must qualify under one of the following definitions below. Please indicate which definition your household meets by checking one of the boxes below:

- Two or more individuals related to each other, at least one of whom is 55 years of age or older;
- Surviving spouse of an individual who (a) was at least 55 years of age or older at the time of his or her death and (b) was living in the senior housing unit with the spouse at the time of his/her death;
- An individual who is 55 years of age or older; or
- An individual(s) described in one of the three definitions above, regardless of their ages, who are essential to the care or well-being of the Senior.

Please note: Seniors who cannot count the property as their current principal residence may NOT qualify the household as a “senior household”.

I hereby certify that my household has a person(s) over the age of 55 as defined by the above regulations. Initials _____ Date _____

HOUSEHOLD NEEDS QUESTIONNAIRE

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The purpose of this questionnaire is to determine and document your need for the Senior Access Program. In addition to answering the following questions, you may also be asked to provide additional documentation regarding your need for the program.

CONFIDENTIALITY: Applicant's files, containing applicant documentation, and any other information concerning your application will be kept confidential. Only program staff and funding sources will have access to your application. No one will have access to your files unless you give prior written permission. You do not have to answer any question that you may not feel comfortable answering.

APPLICANT NAME(S): _____

Caretaker Name & relationship: _____

Physical Location: _____

Date: _____

1. Applicant Location (can you describe the geographic location of your home?)

- A rural community (fewer than 2,500 people)
- Small city or town that is not suburb of a larger city (2,500 to 50,000 people)
- A medium sized city or suburb of a larger city (50,000 to 100,000 people)
- A large city or suburb of a larger city (more than 100,000 people)

2. Client Information (Do you:)

- Live alone in a house or apartment?
- Live in a group environment with assistance (not a nursing home)
- Other: _____

Please rate the following Major Life Activities you experience to the best of your knowledge.

1	2	3	Caregiver assist (y/n)	Major Life Activity	Additional Information
				Eating	
				Getting in and out of bed	
				Getting around the house	
				Dressing	
				Bathing	
				Using the bathroom	
				Doing heavy housework	
				Doing light housework	
				Doing laundry	
				Getting around outside	
				Going places out of walking distance	
				Using the telephone	
				Other:	

(1=not difficult, 2=some difficulty, 3=substantial difficulty)

Please indicate whether you utilize any of the following services (you and your caregiver):

Companion or friendly visitor	
Supervision homemaker services	
Chore services	
Personal care services	
Home health services	
Adult day care center/adult day health	
Respite in an adult nursing home, adult foster home or someone else's home	
Transportation services	
Case management	
Support groups	
Caregiver training program	
Counseling services	
Group meals/home delivered meals	
Other service(s), please list:	

Which types of modifications would you like for your home? Why?

Modification	Requested	Explanation for Why
Stairway modification		
Ramp installation or modification		
Widening of doorways and hallways		
Bathroom		
Other modification(s). please list:		

3. Eligible senior or senior caregiver (if applicable) disclosure statement:

I declare that to the best of my knowledge and belief, that all information provided in this document are correct and true concerning my eligibility for the Senior Access program. I understand that any material misstatement may result in denial of Senior Access program modifications.

Printed name of eligible senior or caretaker: _____

Signature: _____

Date: _____

*****FOR OFFICIAL USE ONLY (IRHA only)*****

IRHA Recommendations (please check one of the following):

I recommend based on this questionnaire that the qualifying senior become a recipient of the Senior Access Program	
I recommend based on this questionnaire that the qualifying senior become a recipient of the Senior Access Program and additional third-party verification has been requested in order to support the findings of this questionnaire.	
I recommend based on this questionnaire that this applicant not receive services under the Senior Access Program because there is not sufficient documentation of need for the program. This senior has been offered the chance to appeal my determination by providing third-party and other evidence of need.	

Signature of Grantee (IRHA Staff)

Printed name: _____

Signature: _____

Date: _____