

COMMUNITY PARTNERSHIP ON AGING

Safe at Home

PROGRAM INSTRUCTIONS

Community Partnership on Aging is pleased to present the *Safe at Home* program to the older adult (60 and better) residents of South Euclid, Lyndhurst, Highland Heights, Mayfield Heights, Richmond Heights, and

Mayfield Village. This program aims to assist older adult homeowners remain safe in their homes by providing access to and the installation of assistive safety devices such as grab bars, hand railings, and durable medical equipment*. Prior to installation, our Social Workers will provide you with an in-home safety assessment to help determine what needs you may have.

This program will provide assistance to low income individuals - 200% of the federal poverty guidelines or below (see chart for income guidelines) - with the purchase and installation of assistive devices, such as grab bars and hand railings. Services are prioritized according to financial need. The Safe at Home Program is available only to residents who own and live in their homes.

A modest copay may be discussed with you prior to the start of the work if your project is expected to exceed usual costs (\$225). If there are safety needs beyond the scope of this program, CPA will assist in finding resources or volunteer assistance when possible. Donations above required copay are appreciated but not required.

Community Partnership on Aging is committed to helping residents in our service area to stay safe and feel comfortable in their home. Our Social Workers are available to do a brief in-home safety assessment regardless of whether an individual desires to apply for the Safe at Home program. **Please call 440-442-2628 if you have any questions about your specific needs and/or circumstance.**

2022 United States Poverty Guidelines

(200% of Poverty Level)

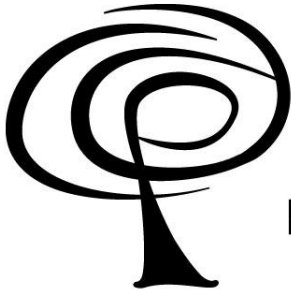
	Yearly	Monthly
Household Size of 1	\$27,180	\$2,265
Household Size of 2	\$36,620	\$3,052

The *Safe at Home* program is funded through generous donations. Start-up funding was received from Cleveland Clinic Healthwise Connections, Discount Drug Mart, Senior Independence, Hillcrest Rotary, individual donations and fundraising efforts.

**Durable medical equipment is donated and subject to availability.*



Safe at Home Application



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Applicants must be 60 years or older, a homeowner, and reside within the communities of South Euclid, Lyndhurst, Highland Heights, Mayfield Heights, Richmond Heights or Mayfield Village to apply.

Owner(s) Last Name	First	Middle Initial	Date of Birth
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Co-Owner Last Name	First	Middle Initial	Date of Birth
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Address	City	Zip	Home Phone	Other Phone
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Residence is a: ☐ Single Family ☐ Two-Family ☐ Multi-Dwelling (3 or more units)

Is this property in Foreclosure?: ☐ Yes ☐ No

Please list **all** household members who live at your address in the table below, and include the **Total Household Income** you expect to receive and from all persons 18 years of age or older in the next 12 months. All sources of income include: Social Security, Pension, Employment, Child Support, Public Assistance, VA Pension, Income from Assets (IRA, CD, Stocks, Bonds, etc.). Workers Compensation, etc. Proof of income may be needed for verification.

Full Name	Date of Birth	Relationship to you (spouse, son, daughter, etc.)	Sources of Income (including income from assets – list separately)	Amount

Please briefly describe any recent changes in your health or financial circumstance which has an impact on your income.

How did you hear about the Safe at Home program? _____



Please answer the following questions (your answers will not affect your eligibility):

1. Have you had any falls in the past 6 months? YES NO
2. Do you take four or more prescription or over the counter medications every day? YES NO
3. Do you have any difficulty walking or standing? YES NO
4. Do you use a cane, walker, crutches, wheelchair or hold onto things to move around your home? YES NO
5. Do you have difficulty standing up from a chair? YES NO
6. Do you ever feel unsteady on your feet, weak, or dizzy? YES NO
7. Do you usually exercise less than two days a week? YES NO

If you have fallen in the last six months, what is the approximate date it occurred? _____

How did it happen? _____

Where did it happen? _____

I am interested in (check all that apply):

- ☐ Safety Assessment
 ☐ Grab bars in bathroom
 ☐ Interior hand railings
☐ Ramp
 ☐ Exterior hand railings
 ☐ Durable Medical Equipment
☐ Other _____

The owner and co-owner certify that all information on this application, and all information furnished in support of this application, is given for the purpose of the Safe at Home Program, and is true and complete to the best of the occupants' knowledge and belief.

Owner's Signature Date

Co-owner's Signature Date

Return Completed Application To:

Community Partnership on Aging

6154 Mayfield Rd.

Mayfield Hts., OH 44124

EMAIL: contactus@communitypartnershiponaging.org

Attn: Outreach Department

If you have any questions regarding this application or your specific circumstances, please do not hesitate to contact an Outreach Worker at 440-442-2628 or contactus@communitypartnershiponaging.org to discuss your situation.