

# Home Adaptations for Senior's Independence

## Application for Financial Assistance (On-Reserve)





## CMHC — Your partner in housing

Canada Mortgage and Housing Corporation (CMHC) has been helping Canadians meet their housing needs for more than 70 years. As Canada's authority on housing, we contribute to the stability of the housing market and financial system, provide support for Canadians in housing need, and offer unbiased housing research and advice to Canadian governments, consumers and the housing industry. Prudent risk management, strong corporate governance and transparency are cornerstones of our operations.

For more information, visit our website at **[www.cmhc.ca](http://www.cmhc.ca)** or follow us on **Twitter, YouTube, LinkedIn** and **Facebook**.

You can also reach us by phone at 1-800-668-2642 or by fax at 1-800-245-9274. Outside Canada call 613-748-2003 or fax to 613-748-2016.

Canada Mortgage and Housing Corporation supports the Government of Canada policy on access to information for people with disabilities. If you wish to obtain this publication in alternative formats, call 1-800-668-2642.

Home Adaptations for  
Senior's Independence  
**Application for Financial Assistance  
(On-Reserve)**

© 2008 Canada Mortgage and Housing Corporation

All rights reserved. No portion of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, mechanical, electronic, photocopying, recording or otherwise without the prior written permission of Canada Mortgage and Housing Corporation. Without limiting the generality of the foregoing, no portion of this book may be translated from English into any other language without the prior written permission of Canada Mortgage and Housing Corporation.

Revised 2016

Printed in Canada

Produced by CMHC

# Table of Contents

Introduction	I
Frequently Asked Questions	I
Overview	2
Application Form (On-Reserve) – Occupant Owned	4
Income Worksheet	6
Application Form (On-Reserve) – First Nation-Owned	9
Income Worksheet	11
How to complete the Self-assessment Worksheet	14
A) Living Independently Self-Assessment Worksheet	15
B) Accessibility Self-Assessment Worksheet	19
C) Security Self-Assessment Worksheet	23



## Introduction

The Home Adaptations for Seniors' Independence (HASI) program helps low-income seniors who have difficulty with daily living activities, by providing financial assistance to First Nation Band Councils or First Nation members to carry out minor home adaptations.

This booklet includes an overview of the program process, an application form, an income worksheet and a self-assessment worksheet. The owner or occupant will need to complete and submit this booklet to apply for financial assistance.

If you have any questions, please visit CMHC's website or call your local CMHC office.

### Before you mail your application make sure you have included:

- Completed application form with all of the required signatures. Please note:
- If the property is **owner-occupied**, then
  - All persons on the certificate of possession (C.P.) must sign the application form.
- If the property is **First Nation-owned**, both the First Nation and the occupant/senior must sign the application form.
- Completed Income Worksheet (occupant/senior)
- Completed Self-assessment Worksheet (occupant/senior)
- Cost Estimates for Adaptations

\* Owner-occupants and occupant must provide a copy of CP or other equivalent proof of ownership.

## Frequently Asked Questions

### Am I eligible for this program?

Program eligibility is based on age, property type and income level. To be eligible for the program, you must meet all three of the following conditions:

- The occupants are 65 years of age or older and has difficulty with daily living activities due to loss of ability brought on by aging;
- The home is a permanent residence; and
- The total gross household income (see income worksheet on page 6 for Occupant-owned or page 11 for First Nation-owned) is at or below the program income limit for the area.

First Nations applying for funding should obtain age and income information from their members (occupants/seniors).

To find out the household income limit for your area, please contact your local CMHC office.

### What financial assistance can I get?

Eligible clients may receive up to \$10,000\* in the form of a forgivable loan for approved home adaptations. The forgivable loan does not have to be repaid provided that the homeowner agrees to continue to occupy the unit for the duration of the six-month loan forgiveness period. If the adaptations are being made to a First Nation-owned unit, the First Nation must agree that rents will not increase as a result of the adaptations.

## Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

You are eligible to submit multiple HASI applications, if the amount of the loans does not exceed \$10 000.

\*25% additional funding available to Northern (zone 3) and remote (zone 2) communities.

### What can I use HASI funding for?

Home adaptations covered under the HASI program need to be permanent and make it easier and safer for a senior with a loss of ability to perform daily activities. Items such as handrails in the hallways and in stairways, easy to-reach work and storage areas in the kitchen, lever handles on doors, walk-in showers with grab bars, and bathtub grab bars and seats are examples of the types of adaptations that can be made under this initiative.

### When do I get the loan?

After the application is approved and after adaptations are completed, submit original invoices or receipts to be reimbursed for the approved forgivable loan amount.

### How do I apply?

You can apply by following the steps outlined in this guide.

## Overview

### Step 1

***Complete the enclosed application, worksheets and provide cost estimates for the adaptations selected***

To apply for HASI assistance, complete and submit the application form, income worksheet, self-assessment worksheet and provide the cost estimates for the adaptations selected. The cost estimates for the adaptations can be an estimate from a contractor or, if you or a family member/friend is completing the adaptations, this can be a quote for the cost of the materials. If you are hiring a contractor, it is your responsibility to find a contractor. Please note, you are responsible for making sure the work is completed and in accordance with the building codes in your area.

First Nations applying for HASI should obtain age and income information from their members (occupant/senior). Please note that CMHC or its representatives reserve the right to ask for documentation to verify the information provided.

Mail your completed application form, income worksheet, self-assessment worksheet and cost estimates to your local CMHC Office.

### Step 2

***Wait for your ``Final Approval``***

Your application form, income worksheet, self-assessment worksheet and cost estimates will be reviewed and if acceptable, CMHC will send you a letter of final approval confirming the approved adaptations, the value of your HASI financial assistance and advising you



that you may begin the work. This letter will also include a Promissory Note, which you will need to complete and send to your local CMHC Office to receive reimbursement. Please note, you will have 90 calendar days to complete the work from the date in the letter of final approval. If you do not complete the work by that time, your loan may be cancelled.

**Important:** Work carried out before the loan is approved in writing is not eligible.

### Step 3

#### *How to get reimbursed*

The HASI assistance is a forgivable loan. No payments are required provided that you abide by the terms and conditions of your loan. To be reimbursed, you will need to submit all of your original invoices or receipts and the signed and witnessed Promissory Note, which outlines the terms and conditions of the loan:

- Owner occupants must agree to continue to own and occupy the dwelling unit for at least six months after the work has been completed.
- First Nations must agree that adaptation work completed will not result in rent increase.

Property reviews may be carried out by CMHC or its representatives to ensure that the work has been completed.

### **Will your adaptations require hiring a contractor?**

Often, the best way to find a good contractor is from family, friends, and neighbours who have made similar changes to their house or apartment. The contractor should have the technical, business and interpersonal skills, the tools, and the experience needed to do the job.

# Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

## HOME ADAPTATIONS FOR SENIORS' INDEPENDENCE

### Application Form (On-Reserve) - **Occupant-Owned**

**THIS APPLICATION MUST BE COMPLETED BY ALL PROPERTY OWNERS.**

CMHC USE ONLY				Protected when completed
Office Code		CMHC Account Number		Related CMHC Account Number
Loan forgiveness zone	OR Area code	Remote <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Threshold	
Verification of Previous Renovation Assistance Completed	Reviewer's Initials	Verification of Assistance under Sections 26, 27, 61 and 95 Completed		Reviewer's Initials
Tenure: Owner Occupied (07)				

#### 1. THE OWNER-OCCUPANT OF THE PROPERTY

Language of correspondence? <input type="checkbox"/> English <input type="checkbox"/> French	Proof of Ownership Certificate of Possession <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Property owner(s)

Last Name	First Name
Last Name	First Name

Mailing address

Street No. Street Name/RR# (Include Lot, Concession, Township, if applicable)		Apt.
City/Municipality	Province/Territory	Postal Code
Home Telephone Number	Work Telephone Number	Email

#### 2. THE PROPERTY WHERE THE ADAPTATIONS WILL BE DONE

Property address <input type="checkbox"/> Check if same as mailing address	Property ID
First Nation Name	
Street No. Street Name/RR# (Include Lot, Concession, Township, if applicable)	
Apt.	
City/Municipality	Province/Territory
Postal Code	
Since you have been the owner, has this property previously received CMHC renovation program assistance? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
* If yes, specify the program, date or account number (if known). _____	
Number of years owned/occupied	

# Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

## 3. THE OCCUPANT/SENIOR FOR WHOM ADAPTATIONS ARE BEING DONE

Senior's Date of Birth (year/month/day)

Senior's name (complete if different from property owner)

Last

First

Which of the following best describes the current living arrangements of the senior's household?

CMHC USE

☐ Living alone (05)

☐ One of a couple (07)

☐ Sharing with one or more unrelated seniors (08)

☐ Living with family members (02)

☐ Other (99)

Describe:

In total, how many people live in the senior's household?

What will be the total gross income this year for all the members of the senior's household?  
(See Income Worksheet.) \$ \_\_\_\_\_

## 4. THE DIFFICULTIES ENCOUNTERED

Please indicate the category (or categories) where the senior has difficulty.

CMHC USE

☐ Limited in ability to walk (04)

☐ Limited in ability to bend, reach or use fingers to grasp or handle small objects (07)

☐ Limited in ability to carry things or stand for long periods (08)

☐ Limited in ability to see in conditions other than bright light (01)

☐ Limited in ability to hear (02)

☐ Other (e.g. for personal safety) (06)

Describe:

## 5. COMPLETING THIS APPLICATION

Did anyone provide assistance filling out this application form or the worksheets?

☐ Yes

☐ No

If yes, please check the box that describes the person who primarily provided assistance.

CMHC USE

☐ Medical Professional (02)

☐ Social Worker (03)

☐ Volunteer (04)

☐ Family, friend or neighbour (05)

☐ Other (99)

Describe:

Contact information for person who provided assistance (in case clarification is needed).

Name

Telephone Number

Email

# Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

## INCOME WORKSHEET

### How do I determine my total gross household income?

Total household income is the current year's gross income (before taxes and other deductions) of all people living in the dwelling including the homeowner; the spouse or partner; child/dependents; and, any other persons who live in the same dwelling, aged 16 years and over.

Source of Income	Homeowner	Homeowner/ Spouse/ Partner	Children/ Dependents	Other Household Members
Yearly gross salary, wages, commissions, part-time earnings.				
Canada Pension Plan, Old Age Pension, Guaranteed Income Supplement, private pensions, annuities, provincial supplements, Veterans' Allowance, disability pensions.				
Employment Insurance income.				
Social Assistance, Mother's Allowance, Welfare, Worker's Compensation.				
Bank interest, investment and dividend income.				
Child Tax Benefit (Provincial/Territorial/Federal/Supplementary).				
Alimony or child support income.				
Self-employed or seasonally employed earning (include proof of income for past three years).				
Other income: e.g. net room and board from boarders (please specify).  _____				
Total income from all sources	(A)	(B)	(C)	(D)

Total gross household income (A+B+C+D) = \$ \_\_\_\_\_

If applicable, for households with disabled members, deduct the applicable Canada Revenue Agency (CRA) tax credit for persons with disabilities, of the previous year. = (E) \$ \_\_\_\_\_

Total gross household income (A+B+C+D-E) = \$ \_\_\_\_\_

**NOTE:** As noted in the Terms and Conditions if a false declaration is knowingly made, CMHC shall have the right to cancel the approval and recover any paid funds (plus interest).

## Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

### TERMS AND CONDITIONS OF APPROVAL

I/We acknowledge and understand that the following terms and conditions shall apply to this application and, if assistance is approved, to any subsequent loan:

1. CMHC and/or its authorized representatives or agents may carry out the necessary enquiries for the purpose of confirming the information provided in this application form.
2. Any work carried out before written confirmation of approval from CMHC is not eligible for assistance.
3. The amount of the forgivable loan is based on the cost of the CMHC approved home adaptations.
4. The entire amount of the forgivable loan, if approved, may only be used to finance the CMHC approved home adaptations in the dwelling identified in this application form.
5. The forgivable loan will be subject to the terms and conditions set out in the final loan commitment letter and any loan related documentation (e.g. promissory note).
6. In the event that any terms and conditions of the forgivable loan are not met, or that a false declaration is knowingly made, CMHC shall have the right to cancel the approval and recover any paid funds (plus interest).

### DECLARATION

I/We hereby confirm that to the best of my/our knowledge the information provided is complete and accurate in every respect.

I/We hereby confirm that I am/we are the owner(s) of the dwelling and no other person is an owner.

I/We hereby authorize a property review as required, on the understanding that any reviews conducted by CMHC and/or its authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards.

I/We have read, understood and agree to the terms and conditions listed above.

Name (please print)	Signature	Date
Name (please print)	Signature	Date
Name (please print)	Signature	Date

**This application form will be considered valid for six months as of the last date indicated above.**

## Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

### Consent of applicant(s) for CMHC to contact person who provided assistance with application.

I/We, the applicant(s), hereby authorize CMHC and/or its authorized representatives to contact the person (identified in Section 5) who provided assistance in completing this form should clarification be necessary.

Please initial \_\_\_\_\_  
Yes No

### BEFORE MAILING, HAVE YOU INCLUDED

- ☐ Completed application form with all of the required signatures. Please note:
  - All persons having rights to the property (Certificate of possession or other) must sign the application form
- ☐ Completed Income Worksheet
- ☐ Completed Self-assessment Worksheet
- ☐ Cost Estimate for Adaptations

### PRIVACY STATEMENT

Please initial that you have read, understand and consent to the following \_\_\_\_\_

The information you provide to the authorized First Nation representation and/or CMHC to complete this form, including supporting documentation, is collected under the *National Housing Act* (Section 51) and is protected under the *Privacy Act*. The information will be used to review the application under the requirements of the program. The information will be retained in the Personal Information Bank #CMHC PPU 035. Individuals have a right to access personal information about themselves under the control of CMHC.

Instructions for obtaining personal information are provided in Info Source, which is available on CMHC's website at:

[http://www.cmhc.ca/en/corp/about/upload/Info\\_Source\\_2013\\_EN\\_w\\_ACC.pdf](http://www.cmhc.ca/en/corp/about/upload/Info_Source_2013_EN_w_ACC.pdf)

## HOME ADAPTATIONS FOR SENIORS' INDEPENDENCE

### Application Form (On-Reserve) - **First Nation-Owned**

**THIS APPLICATION MUST BE COMPLETED BY AUTHORIZED FIRST NATION REPRESENTATIVE**

CMHC USE ONLY				Protected when completed
Office Code		CMHC Account Number		Related CMHC Account Number
Loan forgiveness zone	OR Area code	Remote <input type="checkbox"/> Yes <input type="checkbox"/> No		Income Threshold
Verification of Previous Renovation Assistance Completed		Reviewer's Initials		Verification of Assistance under Sections 26, 27, 61 and 95 Completed
				Reviewer's Initials
Tenure: Tenant Occupied (08)				

#### 1. THE FIRST NATION (OWNER)

Language of correspondence?	<input type="checkbox"/> English	<input type="checkbox"/> French
First Nation Name		

Contact

Last Name	First Name
-----------	------------

Mailing address of the First Nation

Street No. and Street Name/RR# (Include Lot, Concession, Township, if applicable)		Apt.
City/Municipality	Province/Territory	Postal Code
Work Telephone Number	Fax Number	
Email		

#### 2. THE PROPERTY WHERE THE ADAPTATIONS WILL BE DONE

Property address		Property ID
Street No. and Street Name/RR# (Include Lot, Concession, Township, if applicable)		Apt.
City/Municipality	Province/Territory	Postal Code
Since owned by the First Nation has this property previously received CMHC renovation assistance?		<input type="checkbox"/> Yes* <input type="checkbox"/> No
* If yes, specify the program, date or account number (if known). _____		
Number of years owned/occupied		

# Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

## 3. THE OCCUPANT/SENIOR FOR WHOM ADAPTATIONS ARE BEING DONE

Senior's Date of Birth (yyyy/mm/dd)	Senior's name		CMHC USE
	Last Name	First Name	
Which of the following best describes the current living arrangements of the senior's household?			CMHC USE
<input type="checkbox"/> Living alone (05) <input type="checkbox"/> One of a couple (07) <input type="checkbox"/> Sharing with one or more unrelated seniors (08) <input type="checkbox"/> Living with family members (02) <input type="checkbox"/> Other (99) Describe:			
In total, how many people live in the senior's household?			
What will be the total gross income this year for all the members of the senior's household? (See Income Worksheet.) \$ _____			

## 4. THE DIFFICULTIES ENCOUNTERED

Please indicate the category (or categories) where the senior has difficulty.  <input type="checkbox"/> Limited in ability to walk (04) <input type="checkbox"/> Limited in ability to bend, reach or use fingers to grasp or handle small objects (07) <input type="checkbox"/> Limited in ability to carry things or stand for long periods (08) <input type="checkbox"/> Limited in ability to see in conditions other than bright light (01) <input type="checkbox"/> Limited in ability to hear (02) <input type="checkbox"/> Other (e.g. for personal safety) (06) Describe:	CMHC USE

## 5. COMPLETING THIS APPLICATION

Did anyone provide assistance filling out this application form or the worksheets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please check the box that describes the person who primarily provided assistance.  <input type="checkbox"/> Medical Professional (02) <input type="checkbox"/> Social Worker (03) <input type="checkbox"/> Volunteer (04) <input type="checkbox"/> Family, friend or neighbour (05) <input type="checkbox"/> Other (99) Describe:	CMHC USE
Contact information for person who provided assistance (in case clarification is needed).	
Name	
Telephone Number	Email Address



# Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

## INCOME WORKSHEET

### How to determine the total gross household income?

Total household income is the current year's gross income (before taxes and other deductions) of all people living in the dwelling including the principal occupant; the spouse or partner; child/dependents; and, any other persons who live in the same dwelling, aged 16 years and over.

The First Nation should provide this sheet to the occupant to complete.

Source of Income	Principal Occupant	Spouse/ Partner	Children/ Dependents	Other Household Members
Yearly gross salary, wages, commissions, part-time earnings.				
Canada Pension Plan, Old Age Pension, Guaranteed Income Supplement, private pensions, annuities, provincial supplements, Veterans' Allowance, disability pensions.				
Employment Insurance income.				
Social Assistance, Mother's Allowance, Welfare, Worker's Compensation.				
Bank interest, investment and dividend income.				
Child Tax Benefit (Provincial/Territorial/Federal/ Supplementary).				
Alimony or child support income.				
Self-employed or seasonally employed earning (include proof of income for past three years).				
Other income: e.g. net room and board from boarders (please specify).  _____				
<b>Total income from all sources</b>	(A)	(B)	(C)	(D)

Total gross household income (A+B+C+D) = \$ \_\_\_\_\_

If applicable, for households with disabled members, deduct the applicable Canada Revenue Agency (CRA) tax credit for persons with disabilities, of the previous year.      - (E) \$ \_\_\_\_\_

Total gross household income (A+B+C+D-E) = \$ \_\_\_\_\_

**NOTE:** As noted in the Terms and Conditions if a false declaration is knowingly made, CMHC shall have the right to cancel the approval and recover any paid funds (plus interest).

### DECLARATION OF OCCUPANT/SENIOR

CMHC and/or its authorized representatives or agents may carry out the necessary enquiries for the purpose of confirming the information provided in this application form.

I/We hereby confirm that to the best of my/our knowledge the information provided, including my/our income, is complete and accurate in every respect.

I/We hereby authorize the inspection of this property as required, on the understanding that any inspections conducted by CMHC and/or its authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards.

Name (please print)	Signature	Date
---------------------	-----------	------

## Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

### TERMS AND CONDITIONS OF APPROVAL

I/We acknowledge and understand that the following terms and conditions shall apply to this application and, if assistance is approved, to any subsequent loan:

1. CMHC and/or its authorized representatives or agents may carry out the necessary enquiries for the purpose of confirming the information provided in this application form.
2. Any work carried out before written confirmation of approval from CMHC is not eligible for assistance.
3. The amount of the forgivable loan is based on the cost of the CMHC approved home adaptations.
4. The entire amount of the forgivable loan, if approved, may only be used to finance the CMHC approved home adaptations in the dwelling identified in this application form.
5. The forgivable loan will be subject to the terms and conditions set out in the final loan commitment letter and any loan related documentation (e.g. promissory note).
6. In the event that any terms and conditions of the forgivable loan are not met, or that a false declaration is knowingly made, CMHC shall have the right to cancel the approval and recover any paid funds (plus interest).

### DECLARATION

I/We hereby confirm that to the best of my/our knowledge the information provided is complete and accurate in every respect.

I/We hereby confirm that I am/we are the owner(s) of the dwelling and no other person is an owner.

I/We hereby authorize a property review as required, on the understanding that any reviews conducted by CMHC and / or its authorized representatives are for internal administrative purposes only, and provide no guarantee or assurance of compliance with any applicable building codes or standards.

I/We have read, understood and agree to the terms and conditions listed above.

Name First Nation Representative (please print)	Signature	Date
Name First Nation Representative (please print)	Signature	Date
Name First Nation Representative (please print)	Signature	Date

**This application form will be considered valid for six months as of the last date indicated above.**

### Consent of applicant(s) for CMHC to contact person who provided assistance with application.

I/We, the applicant(s), hereby authorize CMHC and/or its authorized representatives to contact the person (identified in Section 5) who provided assistance in completing this form should clarification be necessary.

Please initial \_\_\_\_\_  
Yes No

## BEFORE MAILING, HAVE YOU INCLUDED

- ☐ Completed application form with all of the required signatures. Please note:
  - Persons with authorized signatory for the First Nation must sign the application form
  - Both the First Nation and the member (occupant/senior) must sign the application form (where designated).
- ☐ Completed Income Worksheet (occupant/senior).
- ☐ Completed Self-assessment Worksheet (occupant/senior).
- ☐ Cost Estimates for Adaptations

## **PRIVACY STATEMENT**

Please initial that you have read, understand and consent to the following \_\_\_\_\_

The information you provide to CMHC to complete this form, including supporting documentation, is collected under the *National Housing Act* (Section 51) and is protected under the *Privacy Act*. The information will be used to review the application under the requirements of the program. The information will be retained in the Personal Information Bank #CMHC PPU 035. Individuals have a right to access personal information about themselves under the control of CMHC.

Instructions for obtaining personal information are provided in Info Source, which is available on CMHC's website at:

[http://www.cmhc.ca/en/corp/about/upload/Info\\_Source\\_2013\\_EN\\_w\\_ACC.pdf](http://www.cmhc.ca/en/corp/about/upload/Info_Source_2013_EN_w_ACC.pdf)

## How to complete the Self-assessment Worksheet

The HASI Self-assessment worksheet has been created to help a senior with an age-related disability to identify the most appropriate adaptations for the difficulties they may encounter in their home. **This self-assessment guide should be completed by the senior.** This assessment can also be completed with the assistance of an occupational therapist, a health care worker or a social services professional.

**The self-assessment guide has three sections:**

- A) Living Independently**
- B) Accessibility**
- C) Security**


Each section has a series of questions that highlight common daily activities where a senior may have difficulty and identifies adaptations that might alleviate any difficulties encountered. If a suggested adaptation would help to address the senior's particular situation, check the nearby box ☐. It is recommended that the selections identified be used to determine cost estimates for the adaptations. All adaptations must be related to the difficulties of the senior.

If an adaptation required is not included in this checklist, identify the other difficulties and adaptations at the end of the Self-assessment worksheet. CMHC will decide if it is eligible under the program guidelines. Items must be housing related, permanently installed or give access to basic facilities in the home. Portable devices are not eligible.

The maximum amount of federal assistance that may be available is \$10,000\*. Please choose the adaptations that will best serve your situation.

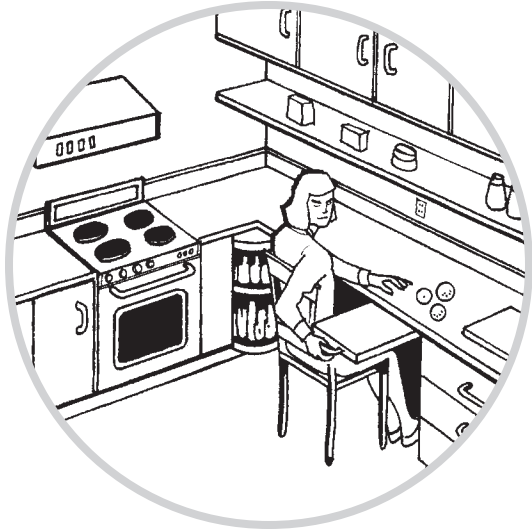
\*25% additional funding available to Northern (zone 3) and remote (zone 2) communities.

If the home needs extensive modifications, such as wider doorways and increased space for a wheelchair, ask for information about the Residential Rehabilitation Assistance Program (RRAP) for Persons with Disabilities.

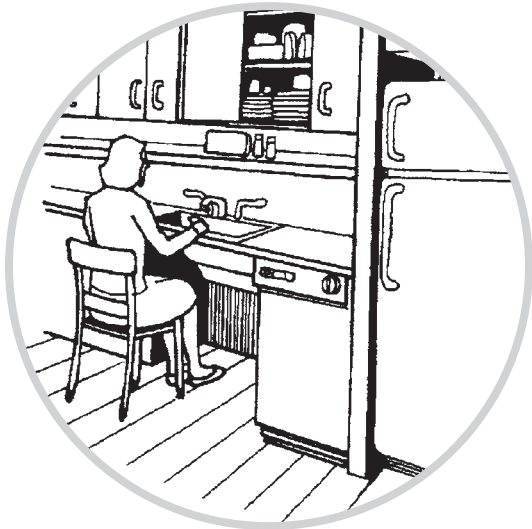


**This self-assessment guide should be completed by the senior. This assessment can also be completed with assistance of an occupational therapist, a health care worker or a social services professional.**

## A) Living Independently Self-assessment Worksheet



Pull-out shelves are ideal to allow food preparation in a seated position.



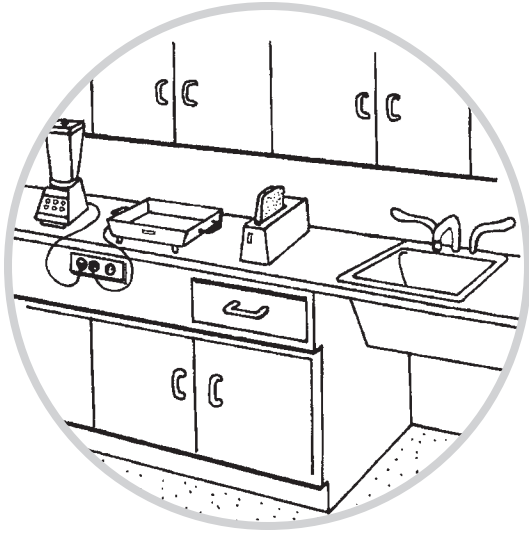
If you usually stand while using the sink, the sink should be at a height requiring minimal bending. If you wish to sit while using the sink, there should be space under the sink for knees and the sink should be at a height requiring minimal stretching.

### 1. Do you have any difficulty working at the kitchen counter?

- ☐ Adjust counter height to your level (4201)
- ☐ Install additional counter/storage space (4202)
- ☐ Install pull-out shelves under counter for working in a seated position (4203)
- ☐ Remove a cupboard to create space under counter for working in a seated position (4204)

### 2. Do you have any difficulty working at the kitchen sink or using the faucets?

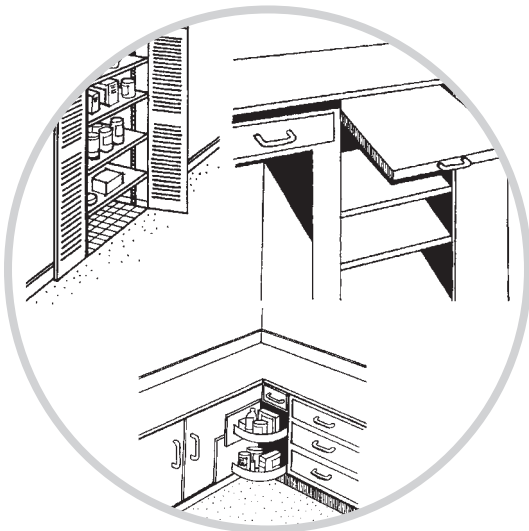
- ☐ Adjust sink to a convenient height (4101)
- ☐ Open the space under sink for working in a seated position (insulate plumbing) (4102)
- ☐ Install lever type faucets or faucet with single lever to control water flow and temperature (4103)
- ☐ Relocate/install faucets for easier access (4104)



Installing electrical outlets at convenient locations reduces the need to carry small kitchen appliances back and forth.

**3. Do you have any difficulty using kitchen appliances?**

- ☐ Install shelves or countertop to accommodate small appliances (4401)
- ☐ Provide electrical outlets to use small appliances in a more convenient location (4402)
- ☐ Provide heat-proof, pull-out shelf beside oven (4403)
- ☐ Install a heat-proof insert on counter (4404)
- ☐ Install smoke/heat detectors outside kitchen (4405)
- ☐ Install a fire extinguisher near kitchen exit (4406)



Storage units and large vertical cabinets make storage more accessible.

**4. Do you have any difficulty reaching or using kitchen cupboards or storage space?**

- ☐ Lower existing cupboards (4301)
- ☐ Lower shelves in cupboards (4302)
- ☐ Add cupboards or shelves at a convenient height (4303)
- ☐ Add a vertical cupboard or pantry (4304)
- ☐ Add pull-out storage units under counter (4305)
- ☐ Install "D" type handles on cupboards or drawers (4306)



A vertical grab bar at tub entrance gives a first support while the horizontal grab bar along wall will help you complete the entrance and lower yourself onto shower seat or to bottom of tub.



A lever handle, for shower and bath, is easier for people who have difficulty grasping things.

**5. Do you have any difficulty stepping into/out of the bathtub?**

- ☐ Install a vertical and a horizontal or angled grab bar by tub (5301)
- ☐ Install non-slip flooring throughout the bathroom (5302)
- ☐ Install non-slip surface to bathtub (5303)
- ☐ Install a commercial or custom made transfer bench to enter tub in a seated position (5304)
- ☐ Replace bathtub with a shower stall if difficulty is severe (5305)
- ☐ Install a separate shower stall if difficulty is severe (5306)

**6. Do you have any difficulty taking a bath or a shower?**

- ☐ Install hand-held shower on adjustable rod or high-low mounting brackets (5501)
- ☐ Install a flip-up seat in tub or shower (5502)
- ☐ Install shelves within reach for personal care items (5503)
- ☐ Install a grab bar within reach (5504)
- ☐ Install a waterproof light fixture over tub or in shower stall (5505)

**7. Do you have any difficulty using tub faucets, shower controls or drain plug?**

- ☐ Install lever type faucets or faucet with single action to control flow (5401)
- ☐ Adjust the hot water heater or install a device that will prevent water from getting to hot (5402)
- ☐ Install a plug mechanism, operated from a convenient height (5403)





The mirror should be tilted or adjusted to a convenient height (when sitting, standing or both according to preference) for grooming or washing.



Grab bars can be installed to structural support in wall or attached directly to the toilet.

**8. Do you have any difficulty using the wash basin or the faucets in the bathroom?**

- ☐ Adjust wash basin to a convenient height (5101)
- ☐ Create space for knees under basin for washing in a seated position (insulate plumbing) (5102)
- ☐ Strengthen basin with legs or solid cabinet (5103)
- ☐ Install faucet with single lever to control water flow and temperature (5104)
- ☐ Relocate faucet to front or side for easier access (5105)

**9. Do you have any difficulty using/storing personal care items near wash basin?**

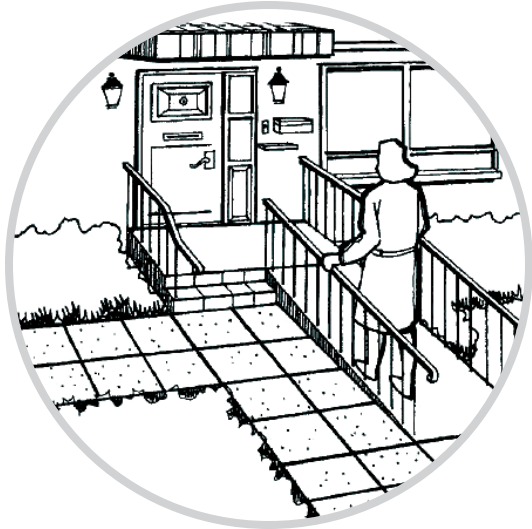
- ☐ Install additional counter space around basin (5201)
- ☐ Install shelves beside basin for storage (5202)
- ☐ Install a grab bar within easy reach (5203)
- ☐ Install/adjust a mirror at a convenient height, tilted if necessary (5204)
- ☐ Install additional light fixtures near mirror or medicine cabinet (5205)

**10. Do you have any difficulty using the toilet?**

- ☐ Adjust toilet to a convenient height (raise the toilet, or replace it with a higher model) (5601)
- ☐ Install grab bars (5602)
- ☐ Adapt or relocate flush mechanism (5603)
- ☐ Adapt or relocate toilet paper dispenser (5604)



## B) Accessibility Self-assessment Worksheet

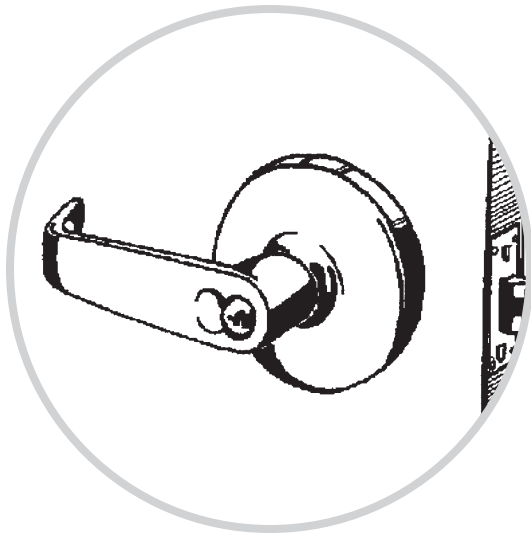


A ramp next to existing steps gives the option to a person with a walker or a wheelchair. Handrails along the entrance way guide and support persons with poor vision or balance



A basket under the door slot or a hanging bag on the outside for newspaper, will reduce the need to bend down.

- 1. Do you have any difficulty walking from the garage, the backyard or the street to your door?**
  - ☐ Widen walkway (1101)
  - ☐ Add steps to remove steep slope (1102)
  - ☐ Add a ramp to existing steps (1103)
  - ☐ Install/repair handrails along walkway/slope/step (1104)
  - ☐ Provide non-slip finish on walking surfaces (1105)
- 2. Do you have any difficulty reaching and emptying the mailbox?**
  - ☐ Install the mailbox at a convenient height (9301)
  - ☐ Install a mail slot with a box or bag on the inside to collect the mail (9302)
  - ☐ Install a shelf near mailbox to hold parcels (9303)
- 3. Do you have any difficulty with outside doors?**
  - ☐ Remove screen door (1301)
  - ☐ Reduce height of door threshold and adjust or replace door accordingly (1302)
  - ☐ Add a grab bar or handle near step or threshold (1303)
  - ☐ Install a delayed action door closer (1304)
  - ☐ Replace locks to improve function or increase security (1305)
  - ☐ Install lever type door handles (1306)
  - ☐ Install a small shelf inside and outside the front door at elbow height to hold parcels while opening door (1307)
  - ☐ Use colour contrast on door, door frame, handle, or doorbell (1308)



A lever handle makes grasping and pulling easier for people with poor grip. A single-action, dead-bolt lock is secure and only requires the use of one hand.



A large handle in a "D" shape is easy to pull for people with decreased movement and strength in their hands.

**4. Do you have any difficulty with doors inside your home?**

- ☐ Repair door frame or door hinges (3201)
- ☐ Reverse direction of door swing (3202)
- ☐ Replace door knobs with lever type door handles (3203)
- ☐ Install sliding, bi-folding or accordion door in closets, pantry (3204)
- ☐ Install "D" type handles or loop handles on bi-folding, sliding or accordion doors (3205)

**5. Do you have difficulty reaching clothes, coats, shoes or other items in closet?**

- ☐ Install bi-folding or accordion doors (7101)
- ☐ Install a light in closets (7102)
- ☐ Add or lower rods (7103)
- ☐ Add or lower shelves (7104)
- ☐ Add off-floor shelves in closets or at front entrance for shoes, boots (7105)
- ☐ Install hooks, shelves or drawers in closets (7106)
- ☐ Build an easy-to-access storage closet for household appliances such as vacuum cleaner, ironing board (7107)



Handrails along corridors help people with poor balance.



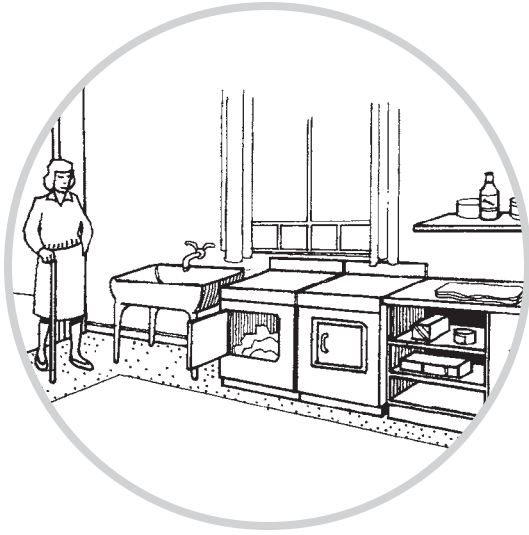
Well-lit staircase with solid handrails extending beyond the top and bottom of stairs, strong colour contrast or changes in texture at the top or bottom make it safer and easier for people with poor balance or people with poor vision.

### 6. Do you have any difficulty moving from one room to another?

- ☐ Reduce height of, or eliminate door threshold at room entrances (3101)
- ☐ Use colour contrast or changes in floor texture wherever there is a change of level (3102)
- ☐ Install “swing clear hinge” on doors to widen doorways (3103)
- ☐ Install handrails or grab bars where changes in floor level are present (3104)
- ☐ Install handrails along walls (3105)

### 7. Do you have any difficulty using the stairs inside your home?

- ☐ Increase lighting in stairs (2101)
- ☐ Install light switches at top and bottom of stairs (2102)
- ☐ Install / repair handrails (2103)
- ☐ Extend handrails beyond the top and bottom of steps (2104)
- ☐ Repair or replace stair covering with a non-slip surface (2105)
- ☐ Install colour contrasts or change in texture at top and bottom of stairs and on the edge of each step (2106)
- ☐ Relocate bedroom to main floor level (2107)
- ☐ Relocate laundry room to the main floor level (2108)
- ☐ Relocate or add a toilet on main floor or bedroom level (2109)



A countertop near the washer and dryer cuts down the number of times you have to move your laundry.



A trapeze installed over the bed can help you get in and out of bed.

**8. Do you have any difficulty doing the laundry?**

- ☐ Relocate appliances to a more convenient place (8101)
- ☐ Provide shelves or storage near appliances for keeping washing supplies at a more convenient place (8102)
- ☐ Build a counter or large shelves near appliances for sorting out or folding clothes (8103)
- ☐ Install electrical outlets and outside connections for a dryer (8104)
- ☐ Install or adjust clothesline to a convenient height (8105)
- ☐ Install a rod for hanging clothes (8106)

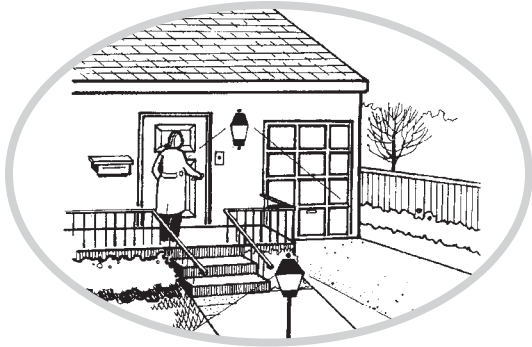
**9. Do you have any difficulty getting in and out of bed, chair or sofa?**

- ☐ Install grab bars or vertical pole in convenient locations (6101)
- ☐ Install a trapeze over bed (6102)

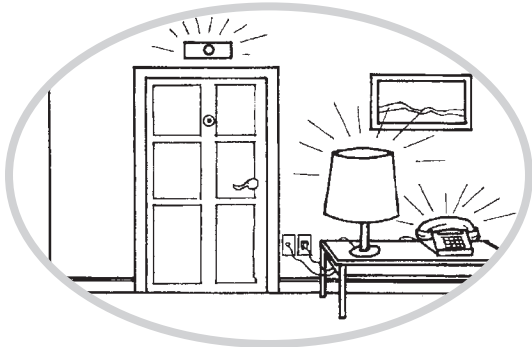
**10. Do you have any difficulty getting to the telephone on time?**

- ☐ Install phone jacks in convenient locations and at convenient height (near bed, sofa) (9101)

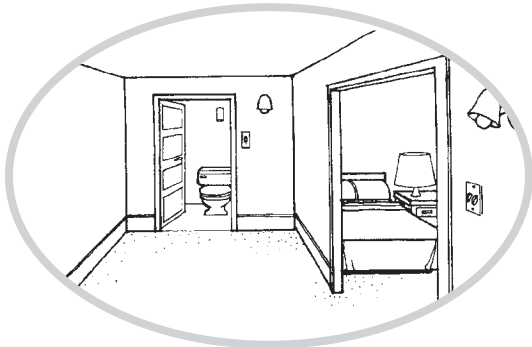
## C) Security Self-assessment Worksheet



Well-lit walkway and steps, and colour contrasts, help people with poor vision to detect obstacles.



Devices such as a flashing light or sound amplifier to supplement the doorbell, may help people with poor hearing or vision.



Light switches at doorways and two way switches will minimize the need to walk across a dark hallway and move into a dark room e.g. bathroom.

### 1. Do you have any difficulty with lighting along the walkway leading to your home?

- ☐ Install light fixtures or flood-lights along entrance walkway steps/stairs (I201)
- ☐ Install light switches or sensors to control outside lights (I202)

### 2. Do you have any difficulty identifying visitors and/or hearing doorbell?

- ☐ Install a peephole or view panel at a convenient height (9201)
- ☐ Install an easy-to-use intercom at a convenient height (9202)
- ☐ Install a flashing light or other sensory cue to doorbell (9203)

### 3. Do you have any difficulty with lighting in areas of the home not mentioned previously?

- ☐ Install light fixtures or electric outlets for lamps where needed, e.g. in hallways, in working areas, in pantry, near reading or activity area (sofa, bed) (I0101)
- ☐ Install light switches at convenient locations e.g. room entrances, near bed, sofa, at both ends of corridors, top and bottom of staircase (I0102)

### 4. Do you have any difficulty with windows?

- ☐ Install easy-to-grasp window handles (I0201)
- ☐ Install secure and easy-to-operate lock (I0202)
- ☐ Repair window so that it opens and closes easily (I0203)
- ☐ Install an unbreakable window or security bars at a window vulnerable to forced entry (I0204)

# Self Assessment Worksheet

**Do you have any other difficulties not previously mentioned and adaptations that will address them?**

☐ Other (describe)

## Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

Notes:

## Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

Notes:



## Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

Notes:

## Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

Notes:

## Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

Notes:

## Home Adaptations for Senior's Independence: Application for Financial Assistance (On-Reserve)

Notes:



