

Appendix A



JEFFERSON COUNTY OFFICE FOR THE AGING

175 ARSENAL STREET
WATERTOWN, NEW YORK 13601-2529
(315)785-3191
Fax (315)785-5095

CHRISTINA INGERSOLL
Director

HOME MODIFICATION REIMBURSEMENT APPLICATION

The Jefferson County Office for the Aging offers up to a \$500 grant towards the enhancement of access and mobility to income eligible seniors' homes, helping them to remain in their homes as they age. Examples include, but are not limited to: shower grab bars, chair lifts, railings, ramps, etc. **In order to receive reimbursement, proof of income and original project receipts must be submitted to OFA.** A photograph will also need to be taken of your completed project; **please notify the office upon project completion** so we can set up a time to come to your home.

2019-2020 HEAP INCOME ELIGIBILITY		
Monthly income:	Single individual: \$2,391.00	Married couple: \$3,127.00

Name: _____ Date: _____
 Social Security Number: _____ Date of Birth: _____ Age: _____
 Address: _____ Are you Frail/Disabled? YES/ NO
 City/Town: _____ State: _____ Zip Code: _____
 Phone Number: _____ Gender: _____ Marital Status: _____
 Race: White, Non-Hispanic White, Hispanic Black/African American
 American Indian/Native Alaskan Asian Native Hawaiian/Pacific Islander
 2 or more races Other Race
 Ethnicity: Hispanic/Latino Not Hispanic/Latino Are you a Veteran? YES / NO

Home Owner Information

1. Do you own your own home or trailer? YES / NO
2. Are your property taxes current to this date? YES / NO
3. Do you live alone or with a family member? ALONE/FAMILY
4. Do you live in a single-family residence? YES / NO
5. Do you meet the HEAP income limits? YES / NO
6. Are there other funds available to cover the project costs? YES / NO
7. Please briefly describe the project or work to be performed: _____

8. Does the client have a caregiver? YES/NO
(If yes, complete Caregiver Data section on the back)

Signature: _____ Date: _____

12/12/19

I _____ give JCOFA permission to take a photograph of the completed work. Date: _____

Please return the completed application and proof of income/HEAP eligibility to:

The Office for the Aging, 175 Arsenal St., Watertown, NY 13601

Caregiver Data

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

City/Town: _____ State: _____ Zip Code: _____

Primary or Secondary Caregiver? _____ Relationship to Client? _____

Race: ___ White, Non-Hispanic ___ White, Hispanic ___ Black/African American
___ American Indian/Native Alaskan ___ Asian ___ Native Hawaiian/Pacific Islander
___ 2 or more races ___ Other Race

Ethnicity: ___ Hispanic/Latino ___ Not Hispanic/Latino

FOR CASE MANAGER USE ONLY (Do not complete)

- A. Is the client income eligible? Yes _____ No _____
Client must be income eligible for application to be approved
- B. Does the client have proof of ownership? Yes _____ No _____
- C. Notification letter sent to senior? Yes _____ No _____
- D. Project reviewed and photographed? Date: _____ Time: _____
- E. Unit of Service entered? Date: _____
- F. Reimbursement paid? (Fiscal Manager) Date: _____ Check #: _____

PROGRAM REFERRAL

- OFA Nutrition Program HEAP EISEP Other
- Transportation SNAP HIICAP _____

NOTES: _____

