

Nowhere Else to Turn:

Home Safety and Comfort for People with Disabilities and Their Caregivers

A Project of the Delaware Assistive Technology Initiative
Center for Disabilities Studies, University of Delaware

◆ Funded in part by the Christopher and Dana Reeve Foundation ◆

Application Package

Assistive technology (AT) and home modifications can enable people with disabilities to live safely, comfortably and successfully in their own homes. But not everyone who can benefit from AT and home modifications can get what they need. Sometimes, it is a matter of not knowing what kinds of solutions are available. In other cases, individuals and/or their families cannot afford to purchase what they need.

Nowhere Else to Turn focuses on home life, and the access and safety challenges that individuals with disabilities—and often their family members—encounter due to accessibility challenges within their residence or difficulties they have in engaging with home routines such as eating, bathing, dressing or enjoying leisure pursuits. The program provides home modifications and assistive technology to eligible individuals who are unable to live safely and comfortably in their homes because of a paralysis-causing condition, who cannot afford the needed home modifications and/or assistive technology, and who have exhausted their search for funding from other sources. As a “last resort” fund, applicants must demonstrate that they have sought support for needed AT and home modifications from other sources and been denied.

Depending on the nature of the need, the program may cover the cost of an evaluation by qualified professionals, the development of a construction plan, the purchase of equipment and/or supplies, the installation of equipment, and the construction of home modifications. In all cases, work must be done by individuals with the credentials to complete the work legally and safely. The program retains the right to approve all vendors.

This application package includes an application form and guidance about how to complete the form. The application requests information of a personal nature; this information will be used to determine eligibility for the program and to assist in evaluating program outcomes. It will not be shared with anyone external to the project without the express written consent of the applicant or the applicant’s legal representative. As a condition of our grant funding from the Christopher and Dana Reeve Foundation, however, it is likely that pictures, videos and/or written testimonials will be secured from those receiving funding as one way of documenting outcomes. Please be aware of that condition as you consider applying for support through the program.

Instructions for Completing the Application

These instructions provide step-by-step guidance for completing the application. Please follow the instructions closely, and complete all sections of the application. Failure to do so will delay our ability to process your application in a timely manner.

Section 1 – Applicant Information

- ✓ Provide the name and date of birth of the individual with a disability on whose behalf the application is being made.
- ✓ Indicate by checking yes/no whether the individual is a legal resident of Delaware. Only U.S. citizens or those residing in the country legally may apply. Applicants must also be able to supply evidence documenting that they permanently reside in Delaware. ***Applicants who do not meet these criteria will be disqualified.***
- ✓ Indicate by checking yes/no whether another person serves as the applicant's legal representative. If the answer to this question is yes, provide the name of that individual.

Section 2 – Contact Information for Individual

- ✓ Provide the complete mailing address of the applicant. Include street address, city, state and zip code. PO boxes will not be accepted in lieu of a street address. If the address of the legal representative is different than the applicant's, provide that as well.
- ✓ Indicate whether the home in which the individual with the disability lives is owned or rented. If it is owned, indicate the name of the homeowner and that person's relationship to the applicant. If it is rented, indicate the name of the leaseholder and that person's relationship to the applicant. ***Home modifications or assistive technology can only be installed with the written permission of the owner of the dwelling.***
- ✓ Provide all telephone numbers (area code and number) that may be used to contact the individual or his/her legal representative. These may include residential phones, work phones, and mobile phones. Having multiple ways to reach the applicant/legal representative by phone may speed up processing of the request.
- ✓ Provide all relevant email addresses that may be used to contact the individual or his/her legal representative. Having multiple ways to reach the applicant/legal representative by email may speed up processing of the request.

Section 3 – Description of Need

- ✓ Describe the nature of the individual's disability or disabilities. This description should include any medical diagnoses as well as any secondary or related symptoms or characteristics. ***Please note that only individuals with paralysis-causing conditions are eligible to apply to this***

program. Paralysis/weakness may result from a wide array of conditions such as spinal cord injury, cerebral palsy, amyotrophic lateral sclerosis, multiple sclerosis, spinal muscular atrophy, stroke, and many others. Visit <https://www.christopherreeve.org/living-with-paralysis/health/causes-of-paralysis> for a description of conditions that could make someone eligible for this program.

✓ Describe how the individual's disabilities impact him/her and, if applicable, the family on a daily basis. For example, a person may have paraplegia as a result of cerebral palsy. The inability to control the movement of their lower limbs may impair weight-bearing and mobility, which then makes it impossible for the individual to independently climb stairs in the home. Describe how the individual currently navigates the home and completes activities of daily living. Be as detailed as possible in this section, as it helps to justify the need for home modifications and/or assistive technology.

✓ Describe how home modifications and/or assistive technology address the concerns described in the previous section. For example, having a stair lift would enable the individual described above to safely access the second floor of the home. Alternatively, having an accessible bathroom on the first floor would make it unnecessary for the individual to access the home's only bathroom if it is currently located on the second floor. ***Please note that the only types of modifications/assistive technology available through this program are ones that enable the individual to live more successfully, safely and comfortably AT HOME.*** This includes entering and exiting the home, but does not include equipment that supports the person at school, on the job, or in navigating the community.

Examples of eligible home modifications or assistive technology include, but are not limited to:

- Home automation technology that controls doors, blinds, thermostat, television, lighting, or other functions in the home
- Internal or external lifts
- Bathroom modifications that make bathing or toileting safer (for example, shower chairs, commode chairs, tub/toilet rails, modified fixtures)
- Door-widening
- Ramps
- Kitchen modifications that make food preparation, food consumption and/or clean-up safer (for example, side-opening appliances, automated faucets, modified utensils, automated dining devices)
- Specialized beds

Section 4 – Description of Home Modifications/Assistive Technology Requested

✓ Indicate whether you have consulted a professional to evaluate the circumstances and recommend solutions. If the answer is yes, provide the name and contact information for that individual and the approximate date of the consultation. Also, describe the nature of the

professional's expertise in regard to home modification/assistive technology (for example, licensed contractor, assistive technology specialist, occupational therapist, staff at home improvement store, manufacturer's representative).

✓ Describe, in very specific terms, the types of home modifications and/or assistive technology you hope to acquire through the program. Provide manufacturer information and model numbers if applicable. Describe the particulars of any home modifications you wish to make (for example, area of the home to be impacted, nature of the modifications, scope of construction needs).

✓ Indicate how you went about determining that the solution you seek is the best solution for the circumstances. Describe any evaluations of the individual's functional abilities that were conducted. Describe any assessments of the living space that were completed. If the individual had an opportunity to try the proposed solution on a limited basis, describe that process and the outcome. Include information about the participants in the process, including the role of the individual with the disability and family members.

✓ If available, provide an estimate of the cost of the home modifications and/or assistive technology you hope to acquire through the program. Indicate how you arrived at the estimate (for example, from a catalog, from a contractor, from consultation with staff at a home improvement store).

✓ Indicate whether you feel that you need additional help in identifying the best solution to current needs.

Section 5 – Previous Attempts to Securing Funding for Home Modifications/AT

✓ Indicate whether you have attempted to secure funding for the requested home modifications/assistive technology from other sources. ***Please note that the program can cover the costs of an evaluation when necessary.***

✓ If your answer to the previous question is yes, please describe those previous attempts. Indicate the approximate date of each attempt. Indicate the funding source you approached (for example, Delaware Medicaid, Paralyzed Veterans, Lions Club), and provide the name of your contact person and a phone number or email that can be used to reach that individual. Finally, describe the outcome resulting from each attempt. In some cases, if another agency authorized partial funding for home modifications and/or assistive technology, the program may be able to pick up the remainder of the costs.

This section is very important and must be completed accurately. Only those who have attempted to secure other funding—and been denied—are eligible for this program. If you have not exhausted your other options for funding, program staff will help you identify those for which you may be eligible.

Section 6 – Anticipated Impact

✓ Describe the ways in which you expect the requested home modifications and/or assistive technology to impact the life of the individual and, if applicable, the life of the family.

Example of impacts might include, but are not limited to:

- Safety
- Comfort
- Independence
- Privacy
- Financial considerations
- Applicant or caregiver health
- Applicant or caregiver stress

Section 7 – Willingness to Share Your Story

The Christopher and Dana Reeve Foundation requires our program to provide detailed information about program impact. This obliges us to tell the story of each individual/family impacted by the program, which we will do through pictures, videos, and personal accounts. The full names of program beneficiaries will not be shared without their express written consent. ***Program eligibility is dependent on your willingness to share your story.*** Please indicate your willingness to share by checking yes or no.

Section 8 – Financial Information

This program is designed to help people get home modifications and assistive technology that they cannot otherwise afford. For that reasons, we ask applicants for information about household income. Generally, household income must not exceed 300 percent of the Federal Poverty Guidelines (FPG) for the applicant to be eligible for the program; however, when a family has extraordinary disability-related expenses, these can be taken into account in determining income eligibility. Applicants will be required to provide proof of income and expenses.

2017 Federal Poverty Guidelines

Number of persons in family/household	Allowable income (300% of FPG)
1	\$36,180
2	48,720
3	61,260
4	73,800
5	86,340
6	98,880
7	111,420
8	123,960

For purposes of determining income eligibility for the program, “income” is all income actually received by all members of a household. This includes salary before deductions for taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran’s benefits, inheritances, alimony, child support payments, worker’s compensation benefits, gifts, lottery winnings, and the like. The only exceptions are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn moving, and the like.

A “household” is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An “economic unit” consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person 18 years of older. If an adult has no or minimal income, and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians.

✓ Provide your annual gross household income and the number of individuals living in your household. If you have incurred extraordinary disability-related expenses that you would like to have considered in determining your eligibility for the program, provide a summary of those expenses in the space provided. You will be required to verify this information with your tax return and/or receipts from last year, so please provide accurate information.

Section 9 – Applicant Signature

By providing the applicant’s signature or the signature of the applicant’s legal representative, you are attesting that the information provided in the application is true and accurate, that the income information represents the entire income for the household, and that the information provided can be used by program staff to process your application.

Application Submission

You may submit your application in person or by mail, fax or email.

In Person

Drop the application off Monday through Friday between the hours of 8 a.m. and 4:30 p.m. to the Delaware Assistive Technology Initiative at the Center for Disabilities Studies. The center is located on the University of Delaware campus in Newark. The street address is 461 Wyoming Road, Newark, DE, 19716. Please call (302) 831-0354 for directions if you are unsure about the location. There is free and accessible parking just steps from the front door, and the building is fully accessible.

By Mail

Mail your completed application to: Delaware Assistive Technology Initiative
Center for Disabilities Studies
461 Wyoming Road
Newark, DE 19716
Attention: Joann McCafferty

By Fax

Fax your completed application to Joann McCafferty at the Center for Disabilities Studies at (302) 831-4690.

By Email

Email your completed application to Joann McCafferty at the Delaware Assistive Technology Initiative using her email address, which is *mccaffer@udel.edu*.

Application Review and Funding Decisions

Reviews of applications are ongoing, and funding decisions will be based on a variety of factors, including extent of need, potential for impact, denials from other funding sources, and overall cost. The program reserves the right to reject any application not meeting its eligibility criteria, and decisions of the program are final. The program will continue until the funds from the Christopher and Dana Reeve Foundation are expended. Program operation beyond that point is dependent on the availability of additional funding.

Notice of Non-Discrimination, Equal Opportunity and Affirmative Action

The University of Delaware does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, gender identity or expression, or sexual orientation, or any other characteristic protected by applicable law in its employment, educational programs and activities, admissions policies, and scholarship and loan programs as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and University policies. The University of Delaware also prohibits unlawful harassment including sexual harassment and sexual violence.