

Nowhere Else to Turn:
Home Safety and Comfort for People with Disabilities and Their Caregivers
Application Form

1. The Applicant/Individual with a Disability

Full name: _____

Date of birth: _____

Is this individual a legal resident of Delaware: ☐ Yes ☐ No

Is someone else the legal representative for this individual? ☐ Yes ☐ No

If yes, name of legal representative:

2. Contact Information for Applicant

Address:

Address of Legal Representative (if different):

Is the home in which the applicant resides owned or rented? ☐ Owned ☐ Rented

If owned, name of homeowner and relationship to applicant:

If rented, name of leaseholder and relationship to applicant:

Telephone Number(s): Home ()

Mobile ()

Work ()

Email Address(es):

3. Description of Need

Please describe the nature of the individual's disability/disabilities.

How does the person's disability impact his/her life and, if applicable, the life of the family?

How will the provision of home modifications and/or assistive technology address current concerns?

4. Description of Home Modifications/Assistive Technology Requested

I have had professional assistance in identifying appropriate solutions to existing needs.

☐ Yes ☐ No

If yes, provide name and contact information of persons who assisted you:

Approximate date of consult:

Nature of professionals' expertise:

What specific home modifications or home-based assistive technology are you seeking?

How have you determined that this is the best solution for existing needs?

What is the estimated cost of the home modifications/assistive technology you are seeking?

Do you need additional assistance in identifying appropriate solutions? ☐ Yes ☐ No

5. Previous Attempts to Secure Funding for Home Modifications/Assistive Technology

Have you attempted to secure funding for the requested home modifications/assistive technology? ☐ Yes ☐ No

Please describe all previous attempts.

Date	Funding Source (include contact person name as well as phone number and/or email address)	Outcome

If additional attempts were made, please describe on a separate sheet.

6. Anticipated Impact

How do you expect the requested home modifications/assistive technology will impact the individual's/family's life?

7. Willingness to Share Your Story

If you acquire home modifications/assistive technology through this program, are you willing to share your story via photographs, videos and/or written documents? (You will not be identified by name without your express written permission.) ☐ Yes ☐ No

8. Financial Information

Annual gross household income: \$ _____

Number of persons in household: _____

If extraordinary disability-related expenses were incurred in the past year, provide a summary of these below.

9. Applicant Signature

With my signature below, I, or my legal representative, certify that the information provided in this application is true and accurate to the best of my knowledge, and that the financial information submitted represents the entire income for my household. I authorize program staff to use this information in determining my eligibility for home modifications and/or assistive technology through this program.

Should I be found eligible for services through the program, I agree to use those services solely for the purposes for which they are provided. I further understand that I may not sell, lend or transfer interest in any equipment provided to me without written permission from the Delaware Assistive Technology Initiative. Falsification of any records or failure to comply with these provisions will result in immediate termination of benefits.

Signature of Applicant/Legal Representative

Date