



Rebuilding Together (Valley of the Sun)
 2123 South Priest, Suite 213
 Tempe, AZ 85282
 F: 480.774.0236
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Our mission at Rebuilding Together Valley of the Sun is to spread the spirit of volunteerism by helping low-income elderly and disabled homeowners through home renovation and repair.

Senior Fall Prevention Services

This program provides modifications that improve accessibility and mobility within the home. The work is completed by volunteers throughout the year. Type of modifications include:

- Bathroom handrails and grab bars
- Raised toilet seat adapters
- Shower spray assist units
- Nightlights
- Tub anti-skid safety mats
- Smoke and Fire detector
- Shower Stools
- Transfer assistance poles
- Transfer ramps

Did You Know?

- Falls are the leading cause of fatal and non-fatal injuries in people age 65 and older.
- Complications from falls can also lead to other related health issues both physical and psychological.
- One of every three persons over the age of 65 falls each year.

Program Eligibility for Free Services

- Low income bracket defined by HHS.
- Elderly (65 years or older) and/or disabled
- Applicant must own the home. ~Sorry, we cannot do rentals at this time.
- Applicants that do not meet the income guidelines can still apply, but are required to pay fees.

2007 HHS Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.	150% of Poverty Guideline
1	\$10,210	\$15,315
2	13,690	\$20,535
3	17,170	25,755
4	20,650	30,975
5	24,130	36,195



Valley of the Sun

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Senior Fall Prevention Services Application

Name: _____ Your Age: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Alt Phone: _____

Best time to call: _____ U.S. Citizen? Legal resident?

Does someone in the home speak English (not required)? Yes No

TELL US ABOUT YOUR HOME

Approximately what year was your home built? _____

- Is your home more than one (1) story? Yes No
- Is it a single family home? Yes No

Is the home structurally sound with no other major repairs? Yes No

- Do you own the home? Yes No
 - Do you own any other property? Yes No
 - Do you plan to sell your home in the next year? Yes No
 - Do you own dogs that will bother the volunteers? Yes No
- How Long? _____

MODIFICATION WISH LIST

Please put a number next to the service that applies
(1-5 with 1 being high priority)

- | | |
|--|--|
| <input type="checkbox"/> Bathroom grab bars | <input type="checkbox"/> Smoke and Fire detector |
| <input type="checkbox"/> Raised toilet seat adapters | <input type="checkbox"/> Shower Stools |
| <input type="checkbox"/> Shower spray assist units | <input type="checkbox"/> Transfer assistance poles |
| <input type="checkbox"/> Nightlights | <input type="checkbox"/> Transfer ramps |
| <input type="checkbox"/> Tub anti-skid safety mats | |
- Can you get in/out of the tub/shower with ease? Yes No
- Can you see your way to the bathroom easily? Yes No
- Can you get on/off the toilet with ease? Yes No
- Do you have a mat in the bath/shower that keeps you from slipping? Yes No
- Some of the modifications, like toilet seat risers, have weight and height restrictions; please list the weight and height of the person benefiting from the modifications.
- Weight _____ Lbs. Height _____' _____"

INCOME INFORMATION

Please list all information on a **Annual** basis.

Are you currently employed? Yes No

If yes, current employer: _____

If you are working, what is your average annual income? _____

- Please list any public assistance (including ADC, WIC, Unemployment): _____
- Social Security Income: _____
- Disability income: _____
- Pension Income: _____
- Rental Income: _____
- Other Income (Please explain): _____

Are you receiving disability benefits? Yes No

Physical Disabilities: _____

Do you have any consistent medical expenses? Yes No

If yes, please explain: _____

Number of persons living in the home: _____

Please list everyone living at this address:

Name	Age	Annual Income	Source
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Please check the category that best represents you:
 - African-American American Indian Asian-American
 - Chicano/Latino Caucasian Other: _____

This information does not affect the selection process. It is requested for statistical reasons only.

My signature below indicates that all information provided is accurate and complete. I understand that all work is done by volunteers and there is no warranty for services provided. This application does not guarantee selection to the program. I understand that the information received will be kept confidential and will be used strictly for determining eligibility for this program.

Signature: _____ Date: _____

If you are not the homeowner, but are filling this out for them, please provide the following:

Your name: _____ Phone: _____

Relationship to homeowner: _____

