



**Our mission is to preserve and revitalize homes and communities, to assure that low-income homeowners, particularly those who are elderly, disabled and families with children, live in comfort, safety and independence.**

## **SAFE AT HOME PROGRAM FOR CAREGIVERS**

This program provides modifications in the caregiver's home. The modifications listed below are designed to make it safer and easier for the caregiver to continue caring for the care recipient in the home. The work is completed by volunteers throughout the year.

### **TYPES OF MODIFICATIONS**

- Bathroom grab bars
- Raised toilet adapters
- Shower spray assist units
- Nightlights
- Tub anti-skid safety mats
- Smoke and Fire detectors
- Shower Stools

### **PROGRAM ELIGIBILITY**

- You must be providing care for a person/s 62 years of age or older.

**OR**

- If providing care for a youth, you must be 62 years of age or older and living with and providing care for a child who is 18 or younger AND is related by blood or marriage.
- Be low income as defined by Alameda County Standards

### **ADDITIONAL QUALIFICATIONS**

- Modifications are provided to recipients living in Oakland.
- Modifications are installed in owner occupied homes only.
- Mobile homes or renters are NOT eligible.

**For information call (510) 625-0316**

This program is made possible by grants from the Soda Foundation.

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**CAREGIVER'S INFORMATION**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Referred by:** Name: \_\_\_\_\_ Organization: \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Marital status:** \_\_\_\_\_

**Ethnicity:** (circle one) White Black Hispanic Asian American Indian/Alaskan Native  
Native Hawaiian/Pacific Islander Other Multi-racial \_\_\_\_\_

**Living Arrangement:** Lives with care recipient \_\_\_\_\_ Lives alone \_\_\_\_\_

**Relationship to care recipient:** \_\_\_\_\_

**Do you care for more than 1 person:** Yes \_\_\_\_\_ No \_\_\_\_\_

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**CARE RECIPIENT'S INFORMATION**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Ethnicity:** (circle one) White Black Hispanic Asian American Indian/Alaskan Native  
Native Hawaiian/Pacific Islander Other Multi-racial \_\_\_\_\_

**Annual Income:** \_\_\_\_\_ **Living Arrangement:** Lives with others \_\_\_\_\_ Lives alone \_\_\_\_\_

Do you have any disabilities we should be aware of when assessing your home? If yes, please list:

\_\_\_\_\_

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**INCOME INFORMATION:**

Please find the number of persons living in your home on the left of the table below and follow across to the total income for your household. Circle the total income for your household. Income sources to be included; wages, social security, pensions, interest income, unemployment benefits, worker's compensation and TANF. All information will be kept confidential. This program is intended for low-income persons. Donations are recommended but not mandatory. Do not give a donation until service work is completed.

Number of Persons in Family	Alameda County Low Income
1	\$28,000
2	\$33,100
3	\$37,250
4	\$41,400
5	\$44,700
6	\$48,000

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**MODIFICATION WISH LIST:**

List the four most important *safety modifications* needed in your home.

Please refer to "types of modifications" on the first page when answering this question.

- 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

	YES	NO
Can you get in and out of the tub/shower with ease?		
Can you see your way to the bathroom easily?		
Can you get on and off the toilet with ease?		
Do you have a mat in the bath/shower to keep you from slipping?		
Do you have smoke or fire detectors in your home? How many?		

**REFERENCES: Please list two personal references.**

<b>Name</b>	<b>Relationship</b>	<b>Phone</b>
_____	_____	_____
_____	_____	_____

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*I/We certify that the above information is true and correct to the best of my/our knowledge. I/We realize that failure to provide all information requested could result in our application being invalid. I/We authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehabilitation and repairs through Rebuilding Together. I/We also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program.*

**Signature(s) of Applicant(s)**

_____	_____
	Date
_____	_____
	Date

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**Mail completed application to:  
Rebuilding Together Oakland  
1111 Pine St. Suite A  
Oakland, CA 94607 Phone: (510) 625-0316**

*Rebuilding Together Oakland will not deny any services to people on the ground of race, color, religion, national origin, sex or sexual preference.*

## SHARED RELEASE AND WAIVER

Rebuilding Together works in partnership with other community organizations to provide services to homeowners. We can notify other organizations of your needs if you agree to allow us to release the information you provided on the Rebuilding Together application and this form. If you are interested, please sign this agreement. The information is kept confidential by each organization.

I, \_\_\_\_\_ understand that I may be eligible for additional assistance programs provided by other government and not-for-profit organizations in the community. These programs are voluntary. If I choose to apply for assistance, I understand that the information about my utility bills, my income verifications, case assessment and other reasonably related information may be provided to the appropriate agency as necessary to verify my eligibility to participate in the programs.

I give my permission to Rebuilding Together to share the information about my accounts, income eligibility and home audit assessment with the above described community-based organizations, the city, county, state and federal governments, designated subcontractors and other utility companies to facilitate my application to those applicable programs.

I understand that I am not guaranteed participation in any programs. I further understand that I must meet the individual eligibility qualifications of each program and organization to which I apply.

I hereby release, waive and forever discharge Rebuilding Together from any and all claims, liens, demands, causes of action and liabilities, known or unknown, that I have had in the past, or now have, or may have in the future against Rebuilding Together arising out of or related to the release of the above described information. I understand that this waiver is not a waiver of my rights against any other party, such as the contractor or subcontractor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Rebuilding Together Representative

\_\_\_\_\_  
Phone