



Aging in Place  
Application for Services  
Aging in Place &  
Wayne County Accessibility and Whole Home  
Repair

<input type="checkbox"/> OPTIONS eligible <input type="checkbox"/> CSP eligible <input type="checkbox"/> Home Delivered Meals eligible. _____ <b>CM Name</b> <p style="text-align: center;"><b>FOR AAA USE ONLY</b></p>
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Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

County of Residence: \_\_\_\_\_

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

Do you own the home:      Yes              No

If you do not own the home, who does and what is their relationship to you?

Name	Relationship

Contact Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Co-Applicant Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

**What is the nature of your request for services (please circle all that apply):**

1. Accessibility Modification (ex: wheelchair ramp, grab bars, railings, etc).
2. Rehab and Repair (ex: roof repair/replacement; heating/cooling concerns; etc).
3. Small Home Repair/Volunteer services (ex: interior/exterior painting; grass cutting; snow removal, etc.)

**Income Source and Gross Amount for Everyone in the Household**

Source	Monthly Amount

Please list other occupants of the home and their dates of birth, if there are any:

Name	Date of Birth

**Are you behind on any of the following:**

1. Property Taxes:    Yes                      No
2. Utility Bills (water, gas, electricity, etc):    Yes                      No

3. Mortgage:            Yes            No

**Personal Data – this information is for data collection purposes only**

Race of applicant (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Refused

Race of Co- Applicant (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Refused

Is the applicant a Veteran:            Yes            No

Is the co-applicant a Veteran:            Yes            No

NeighborWorks Northeastern Pennsylvania (NWNPEA) works with Certified Aging in Place Specialist (CAPS) professionals, Occupational Therapists and Housing Inspectors to determine the level of modification or repair that may be needed in your home. The program also works closely with your local Area Agency on Aging to assist in providing you

with the most valid and helpful referrals to allow you to continue living safely and with dignity in your home and community.

By signing below you are acknowledging that the information provided in your application is true and accurate and that you are willing to work with NWNNEPA's CAPS professionals, Occupational Therapists and Housing Inspectors to identify the best modification and repair to assist you in maintaining your current living environment.

In order to determine eligibility for any of our grant programs we require:

- ~ *Completed application (included)*
- ~ *Copy of valid Identification Card (Driver's License, etc)*
- ~ *Copy of your homeowner's insurance declaration page*
- ~ *Copy of your household income (examples: Social Security benefit statement, recent tax return, employee pay statement, etc.)*
- ~ *Power of Attorney documentation (if applicable)*

You can send your application and copies of these documents to our office:

**NWNNEPA**

**815 Smith Street**

**Scranton, PA 18504**

**Or FAX the documents to: (570)-558-2496.**

Once your documents are received NWNNEPA staff will reach out to you to review services you may be eligible for. However, receipt of documentation does not guarantee IMMEDIATE service.

The Aging in Place program strives to assist older adults throughout Northeastern Pennsylvania with accessibility and critical safety modifications; small home repair services; volunteer led services; social isolation prevention; and resource connection to increase their ability to continue living safely in their homes and communities.

In order to ensure proper services are provided fairly to each homeowner served by the Aging in Place program, NeighborWorks requests the following regulations are reviewed and followed:

1. NeighborWorks reserves the right to terminate services at any time during the Aging in Place process. You will receive written notice identifying the reason for the termination.
2. Any abusive behavior towards a NeighborWorks employee or contractor will result in immediate termination from the Aging in Place program and further NeighborWorks programs.
3. NeighborWorks and its employees, contracted workers, and volunteers have a right to enter the home while work is being completed, at times agreed upon by NeighborWorks and the homeowner.

4. NeighborWorks will be held harmless in the event the homeowner falls or retains injury in the home during or after completion of any work.

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Applicant Printed Name

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Co- Applicant Printed Name

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Applicant Signature

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Co-Applicant Signature

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Date

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Date