Safe and Healthy Home for Seniors Application

Program Overview

We understand that every situation is unique and as such, each application is reviewed on a case-by-case basis. For further clarification on eligibility, or assistance in completing this application, please call us at 1-866-906-6006.

Funded by the Government of Manitoba's Department of Health, Seniors and Long-Term Care, the Safe and Healthy Home for Seniors Program provides funding for basic and essential devices or adaptations for seniors facing barriers within their homes.

The goal of the program is to create an accessible, barrier-free living space where a low-moderate income senior with a condition or limitation can complete basic activities of daily living (eating, bathing, toileting, transferring, and mobility) or getting in and out of their home to access essential medical care and community services safely, independently and with dignity.

Applications will be prioritized based on the assessed needs of the applicant.

An eligible Applicant must:

- be a permanent Manitoba Resident.
- be 65 years of age or older.
- have a combined net household income of under $60,000.
- have a permanent ongoing or recurring condition/limitation that impedes mobility and results in substantial restrictions in activities of daily living (eating, bathing, toileting, transferring, and mobility) and/or getting in and out of your home to access essential medical care or community services.

If Eligible, an applicant may apply for:

- Up to $5,000 for basic and essential accessibility solutions, every three years, to a lifetime maximum of $15,000.
- Up to $6,500 for basic and essential accessibility solutions **if** the applicant resides in a rural or remote area of Manitoba**,** every three years, to a lifetime maximum of $15,000.
    - To be considered living in a rural/remote area of Manitoba, an applicant will reside North of the 53rd parallel of latitude or in an area of the province east of Lake Winnipeg north of latitude 51° 12'.

List of Eligible Devices	List of Ineligible Devices
• modular ramps; • inside and outside platform lifts, stairway lifts and lifting/ transferring devices; • elevating devices; • wall grab bars, and bathtub safety rails; • disability features for major appliances that allow a person to safely use them; • portable roll-in shower; • environmental controls to operate appliances; switch lights and computers on or off; facilitate the use of a telephone; or to open, close and lock doors; • repairs to electrical or battery-operated devices funded by this program	• wooden or concrete ramps; • the purchase of a home; • hospital beds; • suction grab bars; • walk-in tubs; • whirlpool baths, swimming pools, exercise equipment; • mobility, respiratory and dialysis equipment; • household appliances (refrigerators, stoves, microwaves, air conditioners etc.)

List of Eligible Adaptations	List of Ineligible Adaptations
• widening of doors and/or replacement of conventional doors by sliding or folding doors; • rearrangement of bathrooms to permit safe use; • zero threshold showers; ***Note: When bathroom modification is required but the structure of the bathroom is not able to accommodate a zero-threshold shower, the Program would only consider funding transferable equipment (e.g. a portable roll-in shower) as recommended by an Occupational Therapist*** • Tub cut outs • rearrangement and lowering or raising of kitchen equipment and cupboards;	• adaptations to newly constructed homes (i.e. buildings or structures that are brand new and have never been lived in); • upgrades or repairs to the home; • the construction of additional rooms; • a deck that is not an integral part of an access ramp or lift purchased by the program; • a second accessible entry/exit; • cosmetic improvements to a home; • adaptations where there is a rental agreement in place (i.e., landlord and tenants from individuals to property management companies);

Important Notes:

- During installation of devices or adaptations if any issues arise such as, but not limited to: water damage, mold, mildew, termites, items not to provincial code or safety standards, any electrical or plumbing issues - those are the responsibility of the homeowner, not the program.
- All applications for outdoor lifts and ramps (where concrete is required to be poured) will only be accepted from April to October.
- A tub cut out is considered a Device normally and it is eligible in rentals with landlord permission. However, some types of tubs such

as jacuzzi tubs would only be eligible in a homeowner situation if the tub cut requires more extensive work and/or the rearrangement of plumbing.

Required Documents to Apply for Funding

1) Acceptable Proof of Income
2) Occupational Therapist Letter OR Verification of Condition/Limitation
3) Price Quotes for Devices or Adaptation
4) Proof of Home Ownership (for remodel projects only)
5) Application

Note: Please ensure the application is complete and all relevant information is submitted. The program may process applications based on the demonstrated needs of the applicant.

1) Acceptable Proof of Income

Notice of Assessment from Revenue Canada (Most current tax year) for the:

1. Applicant
2. Applicant's spouse/common law or life partner.

AND for home adaptions only:

3. All homeowners listed on the property tax bill

Do not send original documentation as originals cannot be returned.

Remove / black out Social Insurance Numbers (S.I.N.) from all submitted documentation.

2) Occupational Therapist Letter OR Verification of Condition/Limitation

All written letters must include the following information or complete the Verification of Condition/Limitation form found at www.disabilitycan.ca/shhs

- The client's condition/limitation.
- What primary mobility device(s) the client is using in the home.
- A description of how their condition/limitation impacts their ability to independently complete activities of daily living such as: eating, bathing, toileting, transferring and mobility.
- The recommendation of devices or adaptations and how they will remove the barrier within the home.
- What internal and external supports (people or services) are available to the client.
- If the request is for adaptations, include a detailed list of devices that have been trialed and why they were not suitable. Devices are often the most basic and essential solution to removing barriers. Home adaptations will only be considered as a last resort.
- If the request is for funding for home adaptations not located on the main level of the home, a description is needed for: the mechanics on how the client will manage the stairs safely and independently to access the adaptations located on another level, the plan to address the level-to-level change within the home and, the long-term plan for the client when they can no longer manage the stairs.

To find an Occupational Therapist (OT), ask your family doctor or contact, your local Regional Health Authority-Home Care. For information, call the Home Care Intake Line at 204-788-8330
or; The Manitoba Society of Occupational Therapists (MSOT) provides links and information about connecting with an OT in Manitoba and understanding Occupational Therapy. You can find more information online at: https://msot.mb.ca/finding-ot-services/.

3) Price Quotes for Devices	3) Price Quotes for Home Adaptations
One quote is required. Quotes must be from a registered medical supplier, equipment supplier or medical vendor of the applicant's choice. ***All vendors must be able to be paid via Electronic Funds Transfer (EFT).*** **Quotations must include the following:** • the supplier's name, address, and contact information • separate line for all devices required, quantity, unit cost and applicable taxes • separate line for labour charges and applicable taxes • separate line for delivery charges and applicable taxes • a clear description of any warranties	Two competitive price quotes are required which detail the scope and cost of work being requested. ***All quotes for construction work must include a WCB certificate(s) from those completing the work and all contractors must be able to accept payment via Electronic Funds Transfer (EFT).*** **Quotations must include the following:** • the contractor's name, address, and contact information • a thorough description of the project with details of the work to be done and the materials to be used or being constructed • separate line for applicable permit fees, if required • separate line for each commercial product supplied, quantity, unit cost and applicable taxes • separate line for all materials required, quantity, unit cost and applicable taxes • separate line for all subcontracted trades that will be required with cost and applicable taxes • separate line for labour charges and applicable taxes

	• a clear description of any warranties • a work schedule, including start and completion dates • who is responsible for clean up after the job is finished

4) Proof of Home Ownership (for home adaptations only)

All applicants requesting home adaptations are required to submit the following document:

- Most current Property Tax Bill for the home being adapted.

In addition:

1. if you are a condo owner, a letter from the condo board approving your project is required.
2. if applicant does not own the home (name not listed on the property tax bill) the homeowner must provide a letter giving consent to the project.

5) Application

The person with the condition/limitation is referred to as the "Applicant." All questions should be answered by the Applicant or on their behalf. Please provide information for one Applicant per form.

Are you applying for:

☐ Device Funding ☐ Home Adaptions

About your Home:

1. Is your home:

☐ Owned ☐ Rented ☐ Owned by Family

2. If rented, do you have landlord permission to install the equipment being requested?

☐ Yes ☐ No ☐ Not Applicable

3. Type of Home:

☐ Bungalow ☐ Back Split ☐ Side Split ☐ Two Storey

☐ Town Home ☐ Condo ☐ Mobile Home ☐ Apartment

☐ Other: _____

What type of mobility device(s) are you currently using? (Check all that apply):

☐ Cane ☐ Braces/Crutches ☐ Scooter ☐ Wheeled Walker

☐ Manual Wheelchair ☐ Power Wheelchair

☐ Other: _____

Is your condition/limitation or request for adaptations the result of (check all the apply):

A workplace Injury: ☐ Yes ☐ No

A Motor Vehicle Collison: ☐ Yes ☐ No

Applicant Information: This information helps us know how best to contact you about your application	
Date of Birth:	____ / ____ / ____ MM DD YYYY
First Name:	
Preferred Name (if different):	
Last Name:	
Pronouns:	
Mailing Address:	
City & Postal Code:	
Phone:	
Email Address:	
Marital Status:	

Please contact me in the following ways:

☐ Email ☐ Phone Call ☐ Mail Only ☐ Do Not Contact Me

If you would like, please provide an **Alternative Contact Person**. This person can speak on your behalf, and **we will <u>not</u> contact you about your application.** I acknowledge that by listing an Alternative Contact Person below I will not receive any information or correspondence about the outcome of my application.

First Name:	
Last Name:	
Pronouns:	
Your relationship to the Applicant:	
Mailing Address:	
City & Postal Code:	
Phone:	
Email:	

Please contact me in the following ways: ☐ Email ☐ Phone Call ☐ Mail Only

<u>Permissions</u>

I agree that March of Dimes Canada may contact me for the following reasons:
(check all that apply)

☐ Fundraising: To contact me about donating to March of Dimes Canada.

☐ Survey: To obtain feedback on services I receive from March of Dimes Canada.

☐ Opinion Poll & Research: To solicit my view on services or policies affecting
people with disabilities.

☐ Receive Information: To advise me of new information, services or opportunities that may be of interest to me but are from third party companies, agencies, or service providers.

☐ Volunteer: To provide me with a volunteer opportunity.

☐ Do not contact me.

Protection (Privacy) of Applicant Personal Information

Purpose

March of Dimes Canada (MODC) collects personal information for a variety of purposes including the delivery of services, fundraising, quality management, research, billing and meeting legal and regulatory requirements.

MODC utilizes several safeguard measures to protect personal information and keep it confidential and will not share any personal information with any third parties unless it is directly related to the delivery or enhancement of the services that MODC provides or unless a Canadian law requires it.

Personal information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous. MODC has guidelines and procedures to prevent unauthorized access and to govern the destruction of personal information.

The full MODC Personal Information Protection (Privacy) Policy is available on the MODC website or by request. Don't hesitate to contact MODC Privacy Office at privacy@disabilitycan.ca if you have further questions or concerns about your privacy.

Consent

I fully understand the reasons March of Dimes Canada (MODC) has requested my personal information and I give consent to MODC to use my personal information for the purposes outlined. I also understand that I may withdraw my consent at any time, subject to legal or contractual obligations and reasonable notice, and that MODC will inform me of the implications of such withdrawal.

Signature of Applicant:	
Date:	_____ / _____ / _____ MM DD YYYY

OR if signed by someone other than the applicant, please write your full name below:

_____

(First & Last Name)

☐ I certify that I am the Applicant's Power of Attorney or Substitute Decision Maker

Submit your completed and signed application with supporting documents to the Safe and Healthy Home for Seniors Program.

Incomplete applications packages will not be processed for funding. One attempt will be made to secure missing information.

Mailing Address:
Disability Can
595 Bradley Ave, Unit
202 London, ON N6E 3Z8

Email Address:
SHHS@disabilitycan.ca

Fax:
1-866-906-5996