NORTH DAKOTA ASSISTIVE

FOR OFFICE USE ONLY: Date Received:_____ Poverty:_____ Previous Order: $_____

Request For North Dakota Assistive Safety Devices Distribution Service (Senior Safety Program)

Personal Information (Required) Date of Request: _____

Applicant Name (First, Middle Initial, Last): _____

Date of Birth: _____ Gender: ___Female ___Male ___Unknown

What is your gender identity? ___Non-Disclosure ___Female ___Male ___Transgender-Female ___Transgender-Male

Applicant's Street Address: _____

City: _____ State: **ND** Zip: _____

Mailing Address, if different (must include): _____

County: _____ Reservation, if applicable: _____

Applicant's Phone: Home (____) _____ Cell (____) _____

Email Address: _____

How did you hear about this program? ___Brochure ___Word of Mouth ___Presentation ___Doctor ___Family ___Friend ___Other:_____

Demographic Information

What is your ethnicity?
____Hispanic or Latino
____Not Hispanic or Latino
____Unknown

What is your race?
____American Indian/ Native Alaskan
____Asian
____Black/ African American
____Native Hawaiian/ Other Pacific Islander
____Non-Minority (White, non-Hispanic)
____White-Hispanic
____Other

What is your primary language?
___English
___Other

Do you live alone?
___No
___Yes
___Unknown

Do feel socially isolated?
___ No
___ Yes

Updated: 3/2024

Are you currently enrolled in Medicare? Yes___ No___
Are you currently enrolled in Medicaid? Yes___ No___
Are you currently enrolled in Northland PACE? Yes___ No___

Priority Funding Areas (check yes or no)

Please note that funding for this program is a limited financial resource through the Older Americans Act. Preference will be given to those who fall within the priority funding areas first.

- I live in a rural area (**not** Bismarck, Grand Forks, or Fargo). Yes____ No ____
- I am at risk of being placed in a skilled nursing facility. Yes____ No ____
- My income level is below the national poverty level (see chart below). Yes____ No ____

2024 HHS Poverty Guidelines (effective January 12, 2024)	
Size of Family Unit	**Poverty Guideline**
1	$15,060
2	$20,440
3	$25,820
4	$31,200
5	$36,580
6	$41,960
7	$47,340
8	$52,720
For each additional person, add	$5,380

Eligible Items:

- Alerting Devices for Hearing Loss
- Anti-Elopement Devices such as Wandering Alarms
- Bed Rails (limited options)
- Caregiver Pager System
- Emergency Response Systems (for Landline only)
- Grab Bars (stainless steel only)
- Handheld Shower Heads (one option)
- Medication Dispensers and Reminders
- Personal Hearing Amplifiers (Comfort Duett & Pocket Talker)
- Portable Seat Lift
- Shower Chairs (provide inside measurements of bathtub)
- Adaptive Silverware
- Toilet Safety Frames/Rails (limited options)
- Toilet Seat Risers (limited options)

- Tub Rails (limited options)
- Tub Transfer Benches (provide inside measurements of bathtub)
- Voice Amplifiers and Accessories
- Threshold Ramps

Devices Requested

Please list the assistive safety devices you are requesting in order of importance. Please only put one device per line.

1) _____

2) _____

3) _____

4) _____

Please list any health concerns or disabilities that contribute to your need for the requested item(s).

_____

_____

_____

How did you determine what assistive technology was appropriate for your needs? i.e. My OT recommended. I received a device demonstration from an Assistive staff member.

_____

_____

_____

Explain how this device(s) increases your safety/ independence on a day-to-day basis.

_____

_____

_____

If you are requesting a **toilet seat riser, shower chair, bathtub transfer bench, grab bar, or bed transfer handle**, please provide the following information: Height: _____ Weight: _____

If you are requesting a **toilet seat riser**, which shape of toilet do you have?

Standard round ____ Elongated ____

If you are requesting a **shower chair,** please complete the following:
Does the shower chair need to have a backrest? Yes___ No___
Does the shower chair need to have arms? Yes___ No___
What is the inside measurement of the bathtub or shower where the chair will be used? _____

If you are requesting a **grab bar(s)**, please provide the length(s) and number of grab bars needed. Standard, ADA-compliant grab bars are available in the following sizes: 12”, 16”, 18”, 24”, 30”, 32”, 36”, and 42”. Size needed is dependent on the space and the distance between studs (if installed horizontally).

_____

If you are requesting an **emergency alerting system**, do you have a landline? Yes___ No___

Should the devices be shipped to your home? Yes___ No___

If **no**, **please provide the name and address** to which they should be shipped. Please note that not all vendors are able to ship to PO Boxes. Therefore, the street and mailing address should be provided.

_____

_____

_____

_____

Survey Contact

After your equipment arrives you will receive a survey asking about your experience with this program and how the equipment is working for you. How do you wish to be contacted for this survey?

____ Mail (we will use the address you provided)

____ Email (please provide) _____

Contact Person (Family, Friend, etc…)

If you are completing this form on behalf of someone, or if you would prefer we contact someone other than yourself regarding your request, please complete the contact information below.

Contact Name and Relationship/Role: _____

Contact Phone Number: _____

Contact Email Address: _____

Professional Contact Person (Social Worker, Hearing Outreach, Vision Outreach, Case Manager, etc…)

If you are working with a professional and would prefer we contact them regarding your application, please complete the contact information below.

Professional Contact Name and Role: _____

Professional Contact Phone Number: _____

Professional Contact Email Address: _____

Submittal Instructions

Email completed form to: seniorsafety@ndassistive.org

Or **mail** completed form to:

ND Assistive/ Senior Safety
3240 15th St. South, Suite B
Fargo, ND 58104

Or **fax** completed form to: 701-365-6242 Attn.: Senior Safety

Questions?

Please call 800-895-4728 (toll-free), 701-258-4728 (Bismarck local), or 701-365-4728 (Fargo local). You may also email the Senior Safety Program at seniorsafety@ndassistive.org

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