

REQUEST FOR NORTH DAKOTA ASSISTIVE SAFETY DEVICES DISTRIBUTION SERVICE (Senior Safety Program)

Date of Request: _____

Personal Information

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

Date of Birth: _____ Gender: _____

Street Address: _____

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

Mailing Address, if different (must include): _____

County: _____ Reservation, if applicable: _____

Phone: Home (____) _____ Cell (____) _____

Email Address: _____

Demographic Information

What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

What is your primary language?

- English
- Other

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

Do you live alone?

- No
- Yes
- Unknown

Do feel socially isolated?

- No
- Yes

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 ____

2020 HHS Poverty Guidelines	
Size of Family Unit	Poverty Guideline
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120
For each additional person, add	\$4,480

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

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) _____

5) _____

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 ___

**Please note that the Senior Safety program only provides systems that require a landline.*

Should the devices be shipped to your home? Yes ___ No ___

If **no**, please provide the 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.

Contact Person

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/Title: _____

Contact Phone Number: _____

Contact Email Address: _____

Submittal Instructions

Email completed form to: seniorsafety@ndassistive.org

Or mail completed form to:

Assistive/ Senior Safety
2401 46th Ave SE, Suite 203
Mandan, ND 58554

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

Questions?

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

This program is supported by funding from the United States Department of Health and Human Services, Administration for Community Living, Administration on Aging, and granted through the North Dakota Department of Human Services, Aging Services Division.