

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

FOR OFFICE USE ONLY: Date Received: _____ Poverty: _____ Previous Order: \$ _____
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**Date of Request:** \_\_\_\_\_

## Personal Information

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

City: \_\_\_\_\_ State: **ND** Zip: \_\_\_\_\_

Mailing Address, if different (must include): \_\_\_\_\_

County: \_\_\_\_\_ Reservation, if applicable: \_\_\_\_\_

Applicant Phone: Home (\_\_\_\_\_) \_\_\_\_\_

Applicant Cell (\_\_\_\_\_) \_\_\_\_\_

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

How did you hear about this program?

- |  |  |
|--|--|
| <input type="checkbox"/> Brochure      | <input type="checkbox"/> Medical Professional    |
| <input type="checkbox"/> Internet Ad   | <input type="checkbox"/> ND Assistive Website    |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> ND Assistive Consultant |
| <input type="checkbox"/> Presentation  | 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

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

<b>2025 HHS Poverty Guidelines</b> (effective January 2025)	
<b>Size of Family Unit</b>	<b>Poverty Guideline</b>
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150
<b>For each additional person, add</b>	\$5,500

## Eligible Items:

- Alerting Devices for Hearing Loss
- Anti-Elopement Devices such as Wandering Alarms (device only)
- Bed Rails (limited options)
- Caregiver Pager System
- Emergency Response Systems (device only)
- Grab Bars (stainless steel only)
- Handheld Shower Heads
- Medication Dispensers and Reminders
- Personal Hearing Amplifiers
- 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).

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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.

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

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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 \_\_\_\_\_

When 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? \_\_\_\_\_

When requesting **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).

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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 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.

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## **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) \_\_\_\_\_

## **Alternate 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/Title: \_\_\_\_\_

\_\_\_\_\_

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

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

## **Professional Contact Person**

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](mailto:seniorsafety@ndassistive.org)

Or mail completed form to:

ND Assistive/ Senior Safety

3240 15<sup>th</sup> St. S, 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](mailto:seniorsafety@ndassistive.org)

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