

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

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

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: _____ |

ND Assistive now offers occupational therapy home safety evaluations to assist with device selection, setup and training. Would you like more information about this service? ___Yes ___No

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

| 2026 HHS Poverty Guidelines (effective January 2026) | |
|--|--------------------------|
| Size of Family Unit | Poverty Guideline |
| 1 | \$15,960 |
| 2 | \$21,640 |
| 3 | \$27,320 |
| 4 | \$33,000 |
| 5 | \$38,680 |
| 6 | \$44,360 |
| 7 | \$50,040 |
| 8 | \$55,720 |
| For each additional person, add | \$5,680 |

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).

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 _____

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).

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.

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

Or mail completed form to:

ND Assistive/ Senior Safety

3240 15th 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

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