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?

___Brochure

___Internet Ad

___Word of Mouth

___Presentation

___Medical Professional

___ND Assistive Website

___ND Assistive Consultant

Other: _____

Updated 2/2026

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) _____

The preceding facts I have provided are true and complete to the best of my knowledge. Applicant is aware that equipment has been requested for them. (Application must be signed to be processed.)

_____ Date: _____
(Applicant Signature)

_____ Date: _____
(Power of Attorney, if applicable)

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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