



of El Dorado County Inc.

HOME SAFETY EQUIPMENT INSTALLATION PROGRAM

SAFE-D provides the volunteers and materials to install for free, basic in-home safety accommodations for low income elder or disabled residents with mobility limitations, and especially those at risk of falling. These accommodations increase accessibility, independence and help our clients to safely age in their own homes.

To apply for services, please submit the following:

- **A copy of your Photo ID**
- **The attached 2-Page Application**
- **Owner's Permission Form (if client is not the owner)**
- **Yearly Gross Income Verification Documents for each household member (*include as attachments*)**

Note that in many cases, all of your income can be shown in a single document or two. Examples of income verification documents are:

- award letter from Social Security
- recent pay stub or copy of a recent bank statement
- income tax return

Please black out social security numbers and/or account numbers.

INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED

Contact us at:

SAFE-D of El Dorado County

P.O. Box 1808 Shingle Springs, CA 95682

Phone: (530) 394-3194 Email: staff@safe-d.link

Website: www.safe-d.link



HOME SAFETY MODIFICATIONS APPLICATION

FOR OFFICE USE ONLY
Date Received: _____
Accept/Decline Date: _____
Reason: _____

Today's date: _____ Mr. Mrs. Ms.

Last Name: _____ First Name: _____

Address: _____ City: _____

Zip Code: _____ Date of Birth: ____/____/____ Email: _____

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

Referred by: Name: _____ Phone: (____) _____

Organization: _____

Are you a Veteran? Yes No Are you disabled? Yes No

PROPERTY OWNER INFORMATION

Do you own this home? Yes No If No, provide the owners contact info:

Owner's Name: _____ Phone: _____ Email: _____

If you are a tenant, please see the attached Owner's Letter of Permission

Name	Age	Relationship
<i>Please list everyone who lives in the house:</i>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Safety Needs - List your top three home safety equipment needs:

1.
2.
3.

In case of an emergency - or to assist us in contacting you - please list a contact person's info:

Name	Relationship	Phone
_____	_____	_____

Number living in home	Income (Very Low)	Income (Low)
1	\$0 - \$15,600	\$15,601 - \$26,000
2	\$0 - \$17,800	\$17,801 - \$29,700
3	\$0 - \$20,420	\$20,421 - \$33,400
4	\$0 - \$24,600	\$24,601 - \$37,100
5	\$0 - \$28,780	\$28,781 - \$40,100

CIRCLE above, the total number of persons living in the home AND the total household income.

How many people live in your home? _____

INCOME: Include "Take Home" income from all who are living in the home.

Amount of "Take Home" income per occupant \$ _____/year

\$ _____/year \$ _____/year

Total "Take Home" income \$ _____/year

NEEDS ASSESSMENT	YES	NO
Have you fallen recently?		
Do you use a wheelchair or walker?		
Can you get in and out of the tub/shower with ease?		
Can you navigate steps easily?		
Can you get on and off the toilet with ease?		
Do you have a mat and hand-held shower in the bath/shower?		

Do you have any disabilities that we should be aware of? Please list: _____

I/We certify that the above information is true and correct to the best of my/our knowledge. I/We realize that failure to provide all information requested could result in our application being invalid. I/We authorize you to check any references necessary to complete the processing of this application for the purpose of receiving safety accommodations installed at no cost, through SAFE-D of El Dorado County. I/We also understand that any information received will be kept confidential and will be used strictly for determining my/our eligibility for this program.

Signature(s) of Client(s)

_____ Date

_____ Date

Did you remember to include?

Copy of your photo ID and Income Verification Documents



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Owner's Permission Form Safety Equipment Installation

CLIENT'S INFORMATION:

Date: _____

Client/Resident's Name: _____

Street Address: _____

City: _____ Zip Code: _____

Telephone #: _____ Email Address: _____

OWNER/LANDLORD'S INFORMATION:

Owner/Landlord's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email address: _____

As the Owner/Landlord/Manager of the above referenced property, I represent that I have the authority to sign this Owner's Permission Form. I understand that SAFE-D of El Dorado County Inc. will provide the materials and installation volunteers to complete the proposed safety equipment installation(s) at no cost to my tenant or myself. I also understand that SAFE-D carries General Liability Insurance.

I approve the proposed installation of the safety equipment to the property.

Signature: _____ Date: _____