



A program of the  
North Star Council on Aging  
Fairbanks Senior Center



# Helping Hands Home Modifications

Helping older adults and people with disabilities to live in the familiarity, comfort and safety of their own home

(907) 457-4263 [457-HAND]  
helpinghands@acsalaska.net

1424 Moore Street  
Fairbanks, Alaska 99701  
[www.fairbanksseniorcenter.org](http://www.fairbanksseniorcenter.org)

## Service Request

### ABOUT YOU Individual(s) information

1) Name \_\_\_\_\_  
First Middle Last

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

Unit Number \_\_\_\_\_ City \_\_\_\_\_ ZIP code \_\_\_\_\_

Mailing Address (if different from above)

P. O. Box / Other Number \_\_\_\_\_

City \_\_\_\_\_ ZIP code \_\_\_\_\_

Directions to your home if needed \_\_\_\_\_

Primary telephone number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Landline phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work / Other phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you a Veteran  Yes  No  
Month Date Year

Emergency contact: Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Contact information \_\_\_\_\_

I currently participate in Fairbanks Senior Center programs or services (Check all that you use)

- Aging & Disability Resource Center
- Aging At Home Fairbanks
- Classes - Art / Exercise / Yoga / other
- Senior Companions
- Transportation
- Nutrition
- Congregate lunch
- Food coupons
- Meals on Wheels

I currently use other community services or programs from (List organizations & programs) \_\_\_\_\_

2) Second person living at the same address

Name \_\_\_\_\_  
First
Middle
Last

Primary telephone number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Landline phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work / Other phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you a Veteran  Yes  No  
Month
Date
Year

Emergency contact: Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Contact information \_\_\_\_\_

I currently participate in Fairbanks Senior Center programs or services (Check all that you use)

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I currently use other community services or programs from (List organizations & programs) \_\_\_\_\_

- Does anyone in your household have a disability?  Yes  No

- Let us know if anyone in your household has mobility limitations, health conditions or safety concerns that Helping Hands Home Modifications should be aware of? \_\_\_\_\_

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## **ABOUT YOUR HOME**

- Do you own or rent your home?  Own  Rent

The landlord's permission is required for any work done on rental housing.

Landlord's contact information: Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
Primary telephone number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Landline phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work / Other phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Landlord's e-mail address \_\_\_\_\_

- Is your home an apartment, condominium, townhome, mobile home or other housing that requires permission from a Home Owner Association or other group for work done on your living unit?  Yes  No

If yes, provide contact information for requesting permission for modifications:

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
Primary telephone number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Landline phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work / Other phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Contact's e-mail address \_\_\_\_\_

- In what year was your home / building constructed? \_\_\_\_\_

- Has your home received any services from a community organization in the past?

Yes  No

If yes, from which organization(s)? \_\_\_\_\_

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## **ABOUT the HEALTH & SAFETY HOME MODIFICATIONS YOU NEED**

### **Accessible entrance:**

Handrails  
Stairs / Steps  
Rent-A-Ramp service or purchase  
Ramp - Simple interior / exterior  
Door / Lever / Lock / Deadbolt  
Emergency access / egress

What I need done is \_\_\_\_\_

**Bathroom safety:**

- Grab bars - Shower / Toilet / Other locations
- Height adjustable hand-held showerhead
- Toilet adjustments
- Faucets repaired / replaced

What I need done is \_\_\_\_\_

**Fall prevention:**

- Lighting for health, safety & security
- Hazards / Obstacles / Barrier removed
- Smoke / Carbon monoxide detectors replaced

What I need done is \_\_\_\_\_

- Friends & family members who may be able to assist our volunteers with your job

Helper #1 Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
 Primary telephone number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Landline phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Cell phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work / Other phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 E-mail address \_\_\_\_\_

Helper #2 Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
 Primary telephone number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Landline phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Cell phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work / Other phone number (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 E-mail address \_\_\_\_\_

Other helper(s): Name(s) \_\_\_\_\_

- I can help pay for the materials for my modifications if they cost less than \$ \_\_\_\_\_

- I can provide food & beverages for Helping Hands Home Modifications volunteers.

Yes       No

- How did you hear about Helping Hands Home Modifications? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to:      Helping Hands Home Modifications  
[helpinghands@acsalaska.net](mailto:helpinghands@acsalaska.net)  
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 Fairbanks, Alaska 99701