



**A Program of the North Star Council on Aging**

**Fairbanks Senior Center**

1424 Moore Street

Fairbanks, AK 99701

Ph: (907) 457-4263 [457-HAND]

Email: [helpinghands@acsalaska.net](mailto:helpinghands@acsalaska.net)

[www.fairbanksseniorcenter.org](http://www.fairbanksseniorcenter.org)



## Helping Hands Home Modifications

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

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

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

Unit # \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing Address (if different from above: \_\_\_\_\_

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

City \_\_\_\_\_ Zip code \_\_\_\_\_

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

Primary Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a Veteran ☐ Yes ☐ No

### Emergency Contact Information

Name: \_\_\_\_\_  
First Last

Relationship: \_\_\_\_\_

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

## 2<sup>nd</sup> Person in Home

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

Primary Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a Veteran ☐ Yes ☐ No

### Does anyone in your household currently participate in Fairbanks Senior Center programs or services (Check all that you use)

☐ Aging & Disability Resource Center ☐ Nutrition (check all that apply)

☐ Aging at Home Fairbanks ☐ Congregate Lunch

☐ Classes – Art/ Exercise/ Yoga / Other ☐ Farmer's Food Coupons

☐ Transportation ☐ Meals on Wheels

I currently use other community services or programs form (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:

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 Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Work Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Landlord's Email \_\_\_\_\_

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 Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Work Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Contact's Email 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;**  
**PLEASE CIRCLE ALL THAT 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:

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**Bathroom Safety:**

- ☐ Grab bars – Shower / Toilet / Other Locations
- ☐ Height adjustable hand-held showerhead
- ☐ Toilet adjustments
- ☐ Faucet 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:

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

**\* Help #1 Name:** \_\_\_\_\_

Primary Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

**\* Helper #2 Name:** \_\_\_\_\_

Primary Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

**Other Helper(s) Name(s):** \_\_\_\_\_

I would like to help donate for the materials for my modifications ☐ Yes ☐ No

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

**Return completed form to: Helping Hands Home Modifications**

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Fairbanks, AK 99701

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