



Helping Hands Home Modifications
A service of the Fairbanks Senior Center
Address: 1424 Moore Street, Fairbanks, AK 99701
Phone: (907) 457-2563
Email: volunteer@fairbanksseniorcenter.org
Website: www.fairbanksseniorcenter.org
Fax: (907) 451-9974



Purpose: helping older adults with small home modifications that will allow them to remain in the comfort, familiarity, and safety of their own home.

Personal Information:

Full Name: _____

Date of Birth: _____ Phone Number: _____

Home Ownership and Veteran Status:

Do you: Own Rent

Are you a veteran? Yes No

If yes, what branch? _____

Home Location:

Street Address: _____

Unit #: _____ City: _____ Zip Code: _____

Special directions to your home: _____

Is your mailing address different from your home address? Yes No

Mailing Address (if different): _____

City: _____ Zip Code: _____

Additional Household Member:

Is there a second person in your home? Yes No

Full Name: _____

Date of Birth: _____ Phone Number: _____

Are they a veteran? Yes No *If yes, what branch?* _____

Household Disability and Concerns:

Does anyone in your household have a disability? Yes No

Does anyone in your household have a medical, safety, or mobility concern?

Yes No *If yes, please describe:* _____

Ability and Assistance

If you use personal or stand-by assistance, supervision, or cues to perform the following activities please check the corresponding box. Check all that apply.

Instrumental Activities of Daily Living (IADLs)

- Preparing meals
- Shopping for personal items
- Medication management
- Managing Money
- Using telephone
- Doing laundry
- Doing light housework
- Using available transportation

Activities of Daily Living (ADLs)

- Feeding
- Dressing
- Continence
- Transferring in/out of bed/chair
- Bathing
- Toileting

Has Alzheimer's or Related Dementia/Disorder (ADRD)
 Yes No Don't Know

Has Traumatic or Acquired Brain Injury (TABI)
 Yes No Don't Know

Health & Safety Home Modifications Needed: Please Check All That Apply

Accessible:

- Handrails
- Simple ramps
- Door / Lever / Lock / Deadbolt
- Other Please Describe:

Bathroom Safety:

- Grab bars – Shower / Toilet / Other Locations
- Height Adjustable Hand-Held Showerhead
- Toilet Adjustments
- Shower seats
- Other Please Describe:

Fall Preventions:

- Lighting for Health, Safety, & Security
- Hazards / Obstacles / Barrier(s) Assessed
- Smoke / Carbon Monoxide Detectors Replaced
- Other Please Describe:

Other Safety Concerns:

Please Describe:

Emergency Contact Information:

Name: _____ Phone Number: _____

Relationship: _____

Landlord Information (For Renters):

Renters: your Landlord's permission is required for any work done on rental housing. Please provide their contact information below:

Landlord's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell: _____

Email Address: _____

Home Owner Association or Similar Permissions:

Is your home part of an association that requires permission for work done on your living unit?

Yes No If yes, list the Association's Name and / or Primary Contact Person:

Name: _____ Phone Number: _____

Home Construction and Services:

Year home/building was constructed: _____

Has your home received any services from a community organization in the past? Yes No

If yes, which organization(s)?

Signature below is approval of assessment and services to be done.

Signature: _____ Date: _____

Donation for Materials:

All donations of any kind are greatly appreciated. It helps us help more folks.

Return completed form to: Helping Hands Home Modifications

1424 Moore Street
Fairbanks, AK 99701
Fax: (907) 451-9974
Email: helpinghands@fairbanksseniorcenter.org

Office Use Only:

Veterans DD214

DD214 received and attached:

Date Received: _____ Employee Initials: _____