



Household and Outdoor Maintenance

Thank you for choosing our program, **Household and Outdoor Maintenance (HOME)**, for assistance with your household chores and technology needs. It is our mission to help you remain independent in your home and stay connected to your community.

Senior Community Services (SCS) is committed to assisting you to live safely and comfortably in your home and community. To provide the best service possible, we need accurate, up-to-date information in our files. Our funding partners also require certain information for their records.

Please complete and sign ALL the forms listed below and return them to our offices via mail using the enclosed return envelope (if provided) or at the address listed at the bottom of this page.

- ☐ **1) Home Services Request (HSR) – complete and sign**
Senior Community Services uses the information on this form to determine each client's contribution rate on our sliding fee scale. Info should be provided for yourself and any others in your household. *Please note: All technology services are currently offered free of charge regardless of income.*
- ☐ **2) Supportive Services Program Registration form – complete and sign**
Our organization is funded in part by the Title III Older Americans Act Funds. The Federal Administration on Aging needs this information to provide accurate reports to Congress. Congress uses these statistics when they vote on re-authorizing funding for the Older Americans Act. **Be sure to complete both pages 1 and 2 of this form and sign the release of information.**
- ☐ **3) Nondiscrimination Participant Agreement – sign and date**
- ☐ **4) Participant Bill of Rights and Grievance Policies – sign and date**

We will do our best to help you with the various services requested (on HSR) and will contact you once your registration documents have been received and processed. Once again, thank you for choosing Senior Community Services. We look forward to working with you!

Sincerely,

The HOME Program
Senior Community Services
10201 Wayzata Blvd, Suite #335
Minnetonka, MN 55305
home@seniorcommunity.org
952-746-4046

*Household and Outdoor Maintenance (HOME) is funded under contract with Trellis and the Central MN Council on Aging as part of the Older Americans Act, a program of Senior Community Services.
HOME is compliant with Title VI of the Civil Rights Act and Section 504 of the Rehabilitation Act of 1973.*



SCS HOME Program Home Service Request (HSR)

Rev022424mc

Today's Date _____ How did you hear about us? _____

First Name _____ MI _____ Last Name _____ Sex: ☐ M ☐ F ☐ Unspecified DOB _____

Address _____ Apt/Unit _____ City _____ Zip _____

Home Phone ☐ _____ Cell Phone ☐ _____ (check preferred #)

Email _____ Housing (✓all that apply): ☐ Rent ☐ Own ☐ Apt-Condo ☐ House-Twnhs

Race (✓one): ☐ White ☐ Black/African Amer ☐ Amer Ind/Alaskan Native ☐ Asian ☐ Native Hawaiiin/Other Pacific Islander ☐ Other

Ethnicity (✓one): ☐ Hispanic or Latino ☐ Non-Hispanic

Physically Disabled: ☐ Y ☐ N Explain: _____ Veteran: ☐ Y ☐ N

Spouse _____ Sex: ☐ M ☐ F ☐ Unspecified DOB _____

Home Phone ☐ _____ Cell Phone ☐ _____ (check preferred #)

Email _____ Housing (✓all that apply): ☐ Rent ☐ Own ☐ Apt-Condo ☐ House-Twnhs

Race (✓one): ☐ White ☐ Black/African Amer ☐ Amer Ind/Alaskan Native ☐ Asian ☐ Native Hawaiiin/Other Pacific Islander ☐ Other

Ethnicity (✓one): ☐ Hispanic or Latino ☐ Non-Hispanic

Physically Disabled: ☐ Y ☐ N Explain: _____ Veteran: ☐ Y ☐ N

Other in Household _____ Sex: ☐ M ☐ F ☐ Unspecified DOB _____

Home Phone ☐ _____ Cell Phone ☐ _____ (check preferred #)

Email _____ Housing (✓all that apply): ☐ Rent ☐ Own ☐ Apt-Condo ☐ House-Twnhs

Race (✓one): ☐ White ☐ Black/African Amer ☐ Amer Ind/Alaskan Native ☐ Asian ☐ Native Hawaiiin/Other Pacific Islander ☐ Other

Ethnicity (✓one): ☐ Hispanic or Latino ☐ Non-Hispanic

Physically Disabled: ☐ Y ☐ N Explain: _____ Veteran: ☐ Y ☐ N

INCOME INFORMATION List monthly income amount (Social Security, Pension, IRA, Trust, Disability, Rental Income, Salaries, etc.) for yourself, your spouse, and others in household.

Monthly Income TOTAL for Each Person in your household:

• Yourself _____ \$ Monthly Income Amount _____

• Spouse _____ \$ Monthly Income Amount _____

• Others In Household _____ \$ Monthly Income Amount _____

☐ Check box if you choose to be a private pay client and agree to pay the top contribution rate for services. By doing so, you do not need to disclose your household income.

Check box of the service(s) you are interested in receiving:

- | | |
|--|--|
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Seasonal Outdoor Services |
| <input type="checkbox"/> Minor Repairs/Painting/Home Safety checks | <input type="checkbox"/> Technology Support |

I certify that the information provided on this form is accurate and complete. I authorize Senior Community Services to verify this information, if necessary, and to provide this form to governmental entities as a condition of funding they provided to this agency.

SIGNATURE _____ DATE _____

Supportive Services Program Registration

Please complete this form to the best of your ability. Heavily outlined items are for office use only.

Contact Date		AAA Region	
Section A. Basic Demographics			
Last Name		First Name	Middle Initial
<input type="checkbox"/>		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:
		<input type="checkbox"/> Unspecified	
Address:		Address #2:	
City:	State:	Zip Code:	County:
Home Phone:	Mobile Phone:		Work Phone:
Section B. Social History			
Race (Check all that apply): American Indian or Alaska Native Asian or Asian American Native Hawaiian or Pacific Islander Black or African American White			Ethnicity (Check one): Hispanic or Latino Non-Hispanic
Household Size (Check one): I live alone. I live with others.			
Section C. Financial			
<u>I live alone</u>and my <u>monthly</u> income is between (Check one)			
<div style="display: flex; justify-content: space-between;"> \$1,215/month or less \$1,216 - \$1,823/month \$1,824-\$2,430/month More than \$2,430/month </div>			
<input type="checkbox"/> <u>I live with my spouse</u>and our <u>monthly</u> income is between (Check one)			
<div style="display: flex; justify-content: space-between;"> \$1,643/month or less \$1,644-\$2,465/month \$2,466-\$3,287/month More than \$3,287/month </div>			
Section D. Contacts			
Emergency Phone:	Emergency Contact Name		Emergency Contact Relationship:
Section E. Activities of Daily Living			
Can you walk around inside without any help?		Can you bathe or shower without any help?	
Yes No		Yes No	
Can you sit up or move around in bed without any help?		Can you use the toilet without any help?	
Yes No		Yes No	
Can you comb your hair, shave, wash your face, or brush your teeth without any help?		Can you dress without any help?	
Yes No		Yes No	
Can you get in and out of bed or chair without any help?		Can you manage eating without any help?	
Yes No		Yes No	

(Please complete both pages of this form.)

Section F. Independent Activities of Daily Living

Can you answer the telephone or make a phone call without help? Yes No	Can you do heavy house cleaning, like yard work and laundry, without any help? Yes No
Can you shop for food and other things you need without help? Yes No	Can you take your medications without help? Yes No
Can you prepare meals for yourself without help? Yes No	Can you handle your own money, like keeping track of bills without help? Yes No
Can you do light housekeeping, like dusting or sweeping, without help? Yes No	Can you use public transportation or drive beyond walking distances without help? Yes No

Section G. Use of Information

I understand that the information I am providing on this form is for registration purposes. The information will be used by the U.S. Health and Human Services Administration for Community Living (ACL), the Minnesota Board on Aging (MBA) and the local Area Agency on Aging to create statistical reports. ACL, MBA or its assignees may use this information to conduct a study and/or survey of this service. In addition, information provided here, may be used by other service providers to help identify other services from which I may benefit. This information will not be released to anyone other than the above mentioned parties in a way that will identify me as an individual unless I sign a separate consent for that purpose.
My signature (written or typed) indicates my agreement for this information to be used as indicated above.

Signature: _____ Today's Date: _____

Household and Outdoor Maintenance

PARTICIPANT RIGHTS

The services, facilities and benefits of this program are for the use of all people 60+ regardless of race, color, creed, religion, national origin, sex, and disability, use of public assistance or sexual orientation.

1. The right to receive services according to a suitable and up-to-date plan.
2. The right to be told about the services that are available through SCS and the right to know that there may be other appropriate services available within the community.
3. The right to refuse services.
4. The right to know, in advance, any limits to the services available from SCS.
5. The right to know what the charges are for services.
6. The right to have personal, financial, and medical information kept private.
7. The right to be allowed access to records and written information from records in accordance with state statutes.
8. The right to be served by people who are properly trained and competent to perform their duties.
9. The right to be treated with courtesy and respect and to be free from physical and verbal abuse.
10. The right to reasonable notice of changes in services or charges.

GRIEVANCE OR COMPLAINTS

Any individual who feels he/she has been denied the opportunity to participate in this program or has a complaint should follow the procedure below:

1. Complaints, grievances, or concerns regarding services provided should be directed to the Household and Outdoor Maintenance Program Director.
2. The person designated to coordinate with Section 504 of the Rehabilitation Act of 1973 (nondiscrimination against the handicapped) is Deb Taylor who can be reached at 952-767-7897
3. Should SCS be unable to resolve your complaint, you may file a formal complaint to the agency listed below:
Executive Director
Minnesota Board on Aging
P.O. Box 64976
St. Paul, Mn 55164-0976

PARTICIPANT RESPONSIBILITIES

1. The responsibility to participate in the development and implementation of the service plan.
2. The responsibility to provide a safe environment for our workers.
3. The responsibility to notify our office 24 hours in advance when scheduled visits cannot be kept.
4. The responsibility to promptly pay the agreed upon hourly rate for services provided.
5. The responsibility to arrange work only through our office. Hiring our workers directly for work is not allowed while you are a participant in our program and for up to one year after you leave the program.

PAYMENT POLICY

Participants are asked to contribute to the cost of services received. Based on monthly income, an hourly rate is provided. We ask that you support the continuation of the program. Statements are sent monthly. Program participants will not be denied service(s) due to inability to pay or contribute.

Participant Signature: _____ Date: _____



SENIOR
COMMUNITY
SERVICES

Nondiscrimination Participant Agreement

Senior Community Services, the agency that sponsors the Household and Outdoor Maintenance program, has a Nondiscrimination Policy that is very clear. The policy states: “Senior Community Services is committed to a policy of non-discrimination in relation to *race, color, creed, religion, national origin, gender, marital status, disability, status with regard to public assistance, and age*. This policy will prevail in all matters concerning staff, volunteers, services, and persons with whom Senior Community Services does business.”

All workers are interviewed, references checked, and adult applicants have criminal background checks processed with the State of Minnesota. Our staff also follows up on jobs assigned to workers and keeps a record on each individual worker regarding their performance.

We believe that a worker’s gender, age, or race does not determine whether or not they can provide quality work.

We are happy to accept your request for service, but we will not honor requests that are discriminatory.

We ask that you treat our workers and office staff respectfully and we will do the same for you. We will not continue to work with those that do not act with respect and integrity.

Participant Signature: _____

Date: _____

Senior Community Services
Household and Outdoor Maintenance
10201 Wayzata Blvd, Suite 335, Minnetonka, MN 55305
952-746-4046

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SENIOR
COMMUNITY
SERVICES

Household & Outdoor Maintenance (HOME) Program



Technology Education, Connection & Help (TECH)* Services

We can assist with a variety of personal technology requests like:

- Finding affordable internet service providers
- Helping to determine eligibility for the Affordable Connectivity Program
- Making recommendations for devices (smartphone, tablet, laptop)
- Connecting your device to the internet
- Adjusting settings for basic use, communication, online safety, and security
- Helping you personalize your device for your needs and interests
- Suggesting functions, services, and apps that will be most useful to you, and help you learn how to use them



Minor Home Repairs and Small Painting Projects

Paid handypersons are available to help with projects* like:

- Repairing or replacing faucets, toilets, and garbage disposals
- Repairing or replacing outlets, light switches, fixtures & ceiling fans
- Checking or replacing smoke alarms/batteries and light bulbs
- Minor carpentry projects and installing grab bars

**For safety reasons, we do not take on projects that require a permit or climbing a ladder higher than 6 feet.*



Schedule an appointment for a **FREE HOME** Safety Check

We'll tour your home and recommend repairs, assistive devices and/or other tips to help you avoid falls, reduce fire hazards and maintain your independence.

Services continue on back ↗

For services in **Hennepin** county:

952-746-4046

Monday - Friday, 8:30 am - 4:30 pm

home@seniorcommunity.org

For services in **Sherburne or Wright** counties:

763-416-7969

Monday - Friday, 8:30 am - 4:30 pm

hometeam@seniorcommunity.org

seniorcommunity.org/home

The HOME program is funded under contract with the Central MN Council on Aging (CMCOA) and Trellis as part of the Older Americans Act Program.
*Provided as part of the HOME program and funded, in part, by Hennepin and Wright Counties, and the Minnesota Department of Human Services.

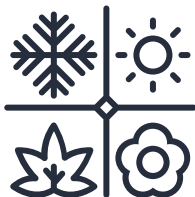
Last updated 12.2023



Housekeeping

Paid staff are scheduled on an ongoing basis and can help with basic cleaning and homemaking tasks like:

- Sweeping/mopping floors
- Cleaning bathrooms/kitchens
- Dusting/vacuuming
- Helping with laundry



Lawn mowing & snow removal

We offer these seasonal outdoor home services with the help of paid staff and volunteers. Due to high demand, we recommend signing up for service at the start of each season.

Other yard services

We recruit volunteers in the spring and fall to provide light duty yard services like weeding, yard clean-up, and raking leaves.

Anyone **age 60 or older** living in the **HOME service area** may apply.

Our service area continues to expand, but some services may not yet be available in your area.

- | | | | |
|-------------------|-----------------|--------------------|------------------|
| • Albertville | • Eden Prairie | • Minneapolis | • Robbinsdale |
| • Becker | • Edina | • Minnetonka | • Rockford |
| • Big Lake | • Elk River | • Minnetonka Beach | • Rogers |
| • Bloomington | • Excelsior | • Monticello | • Shorewood |
| • Brooklyn Center | • Golden Valley | • Mound | • Spring Park |
| • Brooklyn Park | • Greenwood | • New Hope | • St. Louis Park |
| • Buffalo | • Hanover | • Orono | • St. Michael |
| • Champlin | • Hopkins | • Osseo | • Tonka Bay |
| • Crystal | • Long Lake | • Otsego | • Wayzata |
| • Deephaven | • Maple Grove | • Plymouth | • Woodland |
| | • Medicine Lake | • Richfield | • Zimmerman |



Apply for services

Apply online, download an application form from our website or call to request one by mail. Costs for paid services are based on your income and ability to pay. No one is denied service based on ability to pay. We rely on participant contributions and community donations to help support our programming.

If you're a family member, caregiver, or professional who knows an older adult who may benefit from this program, contact us to learn more or make a referral.

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home@seniorcommunity.org

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