



## 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.
- ☐ 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. Shaded areas are for office use only.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |             |                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------|
| Contact Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                       | AAA Region  |                                                                                                                |
| Section A. Basic Demographics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       |             |                                                                                                                |
| Last Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       | First Name: | Middle Initial:                                                                                                |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       |             | Date of Birth:                                                                                                 |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       | Address #2: |                                                                                                                |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State:                                                                                                | Zip Code:   | County:                                                                                                        |
| Home Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mobile Phone:                                                                                         |             | Work Phone:                                                                                                    |
| Section B. Social History                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |             |                                                                                                                |
| Race (Check all that apply):<br><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Asian American<br><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander<br><input type="checkbox"/> White <input type="checkbox"/> Other                                                                                                                                                                                                                                                       |                                                                                                       |             | Ethnicity (Check one):<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Non-Hispanic |
| Household Size (Check one): <input type="checkbox"/> I live alone. <input type="checkbox"/> I live with others.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |             |                                                                                                                |
| Section C. Financial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |             |                                                                                                                |
| <input type="checkbox"/> I live alone and my monthly income is between (Check one)<br><input type="checkbox"/> \$1,304/month or less <input type="checkbox"/> \$1,305-\$1,956/month <input type="checkbox"/> \$1,957-\$2,608/month <input type="checkbox"/> More than \$2,608/month<br><input type="checkbox"/> I live with my spouse and our monthly income is between (Check one)<br><input type="checkbox"/> \$1,763/month or less <input type="checkbox"/> \$1,764-\$2,644/month <input type="checkbox"/> \$2,645-\$3,525/month <input type="checkbox"/> More than \$3,525/month |                                                                                                       |             |                                                                                                                |
| Section D. Emergency Contacts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       |             |                                                                                                                |
| Emergency Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Emergency Contact Relationship:                                                                       |             | Emergency Contact Phone:                                                                                       |
| Section E. Activities of Daily Living                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |             |                                                                                                                |
| Can you walk around inside without any help?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Can you bathe or shower without any help?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |             |                                                                                                                |
| Can you sit up or move around in bed without any help?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Can you use the toilet without any help?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |             |                                                                                                                |
| Can you comb your hair, shave, wash your face, or brush your teeth without any help?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                     | Can you dress without any help?<br><input type="checkbox"/> Yes <input type="checkbox"/> No           |             |                                                                                                                |
| Can you get in and out of bed or chair without any help?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Can you manage eating without any help?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |             |                                                                                                                |

### Section F. Independent Activities of Daily Living

|                                                                                                                                                                                        |                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Can you answer the telephone or make a phone call without help?<br><div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No       </div>        | Can you do heavy house cleaning, like yard work and laundry, without any help?<br><div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No       </div>    |
| Can you shop for food and other things you need without help?<br><div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No       </div>          | Can you take your medications without help?<br><div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No       </div>                                       |
| Can you prepare meals for yourself without help?<br><div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No       </div>                       | Can you handle your own money, like keeping track of bills without help?<br><div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No       </div>          |
| Can you do light housekeeping, like dusting or sweeping, without help?<br><div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No       </div> | Can you use public transportation or drive beyond walking distances without help?<br><div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No       </div> |

### 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 and/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 Roxanne Jenkins 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 | [home@seniorcommunity.org](mailto:home@seniorcommunity.org)

*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.*



SENIOR  
COMMUNITY  
SERVICES

# Household & Outdoor Maintenance (HOME) Program



## Technology Education, Connection & Help (TECH) Services

Paid and volunteer staff can assist with a variety of personal technology requests like:

- Finding affordable internet service providers
- 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 requiring a permit or climbing 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.



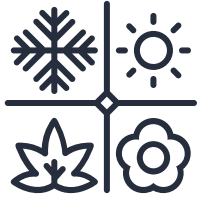
## Housekeeping

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

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

*Continues on back*





## 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.

Services are available to those age 60 and older residing in the cities listed below.

Rates for paid services are based on a participant's income and ability to pay; no one is denied service based on ability to pay. We accept insurance and waiver payments.

- |                   |                 |                    |                  |
|-------------------|-----------------|--------------------|------------------|
| • 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       |
| • Delano          | • Medicine Lake | • Richfield        | • Zimmerman      |



## Apply for services

Apply online, download an application packet from our website or contact us to request one. HOME program team members are available to respond to inquiries and messages Monday - Friday between 8:00 am - 4:00 pm.

For **all TECH** services:  
952-888-5530  
tech@seniorcommunity.org

Other services in  
**Hennepin** county:  
952-746-4046  
home@seniorcommunity.org

Other services in  
**Sherburne or Wright** counties:  
763-416-7969  
hometeam@seniorcommunity.org

*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.*

The HOME program is funded, in part, by grants from the Central Minnesota Council on Aging and Trellis as part of the Title III Older Americans Act, and a Live Well at Home grant from the Minnesota Department of Human Services. TECH services are provided as part of the HOME program and funded, in part, by Hennepin and Wright Counties, and the Minnesota Department of Human Services. We also rely on participant contributions and generous donors to help support our programs. To make a gift or set up a recurring donation, visit [seniorcommunity.org/donate](https://seniorcommunity.org/donate) or contact us.