



SENIOR  
COMMUNITY  
SERVICES

## Household and Outdoor Maintenance

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

We are committed to providing the assistance that will help you live safely in your home and community. In order to provide better service to you, 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** that are enclosed and send them back in the envelope provided.

### **Home Services Request (HSR)**

Senior Community Services uses the information on this form to determine each client's contribution rate on our sliding fee scale. Please record information for yourself and others in the household.

### **Supportive Services Form**

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 sides of the survey and sign the release of information. In order to provide service, we need you to complete the both sides of the form and return it to us promptly.**

### **NonDiscrimination Agreement**

### **Participant Bill of Rights**

We will do our best to help you with the various maintenance and housekeeping services that you request. Please let us know if you have any additional needs at this time or in the future, we would be happy to speak with you. Once again, thank you for choosing Senior Community Services. We look forward to working with you!

Sincerely,

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

*Household and Outside 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.*



# HOME Program

## Home Service Request (HSR)

Today's Date \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M / F / Unspecified

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Physically Disabled: Y / N Explain \_\_\_\_\_ Veteran: Y / N

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M / F / Unspecified

Physically Disabled: Y / N Explain: \_\_\_\_\_ Phone: \_\_\_\_\_

Veteran: Y / N Race (select one): White \_\_\_\_\_ Black/African American \_\_\_\_\_ American Indian/ Alaskan Native  
\_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

Other In Household: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M / F / Unspecified

Physically Disabled: Y / N Explain: \_\_\_\_\_ Phone: \_\_\_\_\_

Veteran: Y / N Race (select one): White \_\_\_\_\_ Black/African American \_\_\_\_\_ American Indian/ Alaskan Native  
\_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

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

### Monthly Income TOTAL for Each Person

- Name: \_\_\_\_\_ \$ Monthly Income Amount: \_\_\_\_\_
- Spouse: \_\_\_\_\_ \$ Monthly Income Amount: \_\_\_\_\_
- Other In Household: \_\_\_\_\_ \$ Monthly Income Amount: \_\_\_\_\_

\_\_\_\_\_ Check line 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.

Please check the line of the service you're looking to receive help with.

- \_\_\_ Cleaning/ Organizing
- \_\_\_ Minor Repairs/ Painting
- \_\_\_ Seasonal Outdoor Services

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	
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### 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

I live alone.....and my monthly income is between (Check one)

\$1,133/month or less      \$1,134 - \$1,699/month      \$1,700-\$2,265/month      More than \$2,266/month

I live with my spouse.....and our monthly income is between (Check one)

\$1,526/month or less      \$1,527-\$2,289/month      \$2,290-\$3,052/month      More than \$3,053/month

### Section D. Contacts

Emergency Phone:	Emergency Contact Name	Emergency Contact Relationship:
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### Section E. Activities of Daily Living

Can you walk around inside without any help? Yes                      No	Can you bathe or shower without any help? Yes                      No
Can you sit up or move around in bed without any help? Yes                      No	Can you use the toilet without any help? Yes                      No
Can you comb your hair, shave, wash your face, or brush your teeth without any help? Yes                      No	Can you dress without any help? Yes                      No
Can you get in and out of bed or chair without any help? Yes                      No	Can you manage eating without any help? Yes                      No

**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: \_\_\_\_\_



SENIOR  
COMMUNITY  
SERVICES

**Nondiscrimination  
Participant Agreement**

Senior Community Services, the agency that sponsors the Household and Outside 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 Outside Maintenance  
10201 Wayzata Blvd Suite 335 Minnetonka, MN 55305  
952-746-4046

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## Household and Outside 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 Outside Maintenance for Elderly 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: \_\_\_\_\_

# The HOME Program

*Taking care of the place you call home*



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You may not be aware our other services include...

## Minor Repair Services

- Free home safety checks
- Minor plumbing repairs
- Changing light bulbs
- Installing grab bars
- Replacing light fixtures
- Carbon monoxide and smoke detectors checks
- Minor carpentry
- Minor painting jobs

## Outdoor Chores

- Lawn mowing
- Painting
- Seasonal raking/yard cleanup
- Window washing
- General yard work/weeding
- Other light outdoor chores
- Snow removal

## Housekeeping

- Vacuuming
- Dusting
- Sweep/mop floors
- Cleaning kitchens and bathrooms
- Laundry
- Change bedding
- Grocery shopping & running errands

### Services we cannot provide

- Transportation
- Personal care
- Major renovations
- Gutter cleaning
- Hauling away items
- Major plumbing/electrical work

For questions and more info,  
Call **952-746-4046** or email  
**[home@seniorcommunity.org](mailto:home@seniorcommunity.org)**