



Home Modification or Ramp Application 2024

Name _____

Address _____

City _____ State MO Zip _____

Is the home inside Columbia City limits? Yes No

Phone _____ Date of Birth _____

Gender: Female Male Race: _____

Marital Status: Single/widowed/ divorced Married Domestic Partners Other

Do you have a disability? If yes, please describe _____

Are you a veteran? Yes No Are you a spouse of a veteran? Yes No

Do you own your home? Yes No Number of years at residence _____

If no, who does? _____

Does the house contain lead paint to your knowledge? Yes No

Was the home built before 1978? Yes No How did you hear about us? _____

Ramp/Modification(s) Requested: _____

Who lives in the Home? Relationship Birth Date Monthly Income*

| Who lives in the Home? | Relationship | Birth Date | Monthly Income* |
|------------------------|--------------|------------|-----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

*Please see back of form for income breakdown

_____ Copy of Social Security statement and/or 3 months proof of wages for all
 _____ Other income provided; total \$ _____

Income Worksheet:

| | Head of Household | Spouse | Other |
|---|-------------------|--------|-------|
| Wages, Salaries, Tips, Etc. | | | |
| Taxable Interest | | | |
| Tax-Exempt Interest | | | |
| Ordinary Dividends | | | |
| Qualified Dividends | | | |
| Taxable Refunds, Credits or Offsets of state & local income taxes | | | |
| Alimony | | | |
| Business income or loss | | | |
| Capital gain or loss | | | |
| Other gains or losses | | | |
| IRA Distributions | | | |
| Pensions and Annuities | | | |
| Rental Real Estate, royalties, partnerships, S corporations, trusts, etc. | | | |
| Farm income or loss | | | |
| Unemployment compensation | | | |
| Social Security Benefits (SSI/SSDI) | | | |
| Other Income (List type & amount) | | | |

INFORMED CONSENT:

I understand that in order to services or programs to me, Services for Independent Living (the "Agency") will need to gather certain information from me, including, but not limited to, background information. I consent to the gathering of such information, and I understand that this information, as well as information about me gathered by the Agency in the future, will be part of my ongoing record at the Agency. I understand that discussions about my services and care are confidential and will be treated as such. I also understand that my record at the Agency is **strictly confidential** with **very specific exceptions:**

- I can request and/or give consent to the release of information about me to others (for example, to my doctor, to another agency in the case of a referral, or to a family member or friend) with whom I want to share it.
- I can request access to my own record.
- Confidential information may be selectively revealed to proper authorities

1. In instances when I am in danger or I put someone else in danger
2. In instances of abuse, neglect, or exploitation of an elderly or disabled individual (this can include self neglect), or
3. When a court of law orders disclosure.

RELEASE OF INFORMATION:

I, _____, authorize Services for Independent Living (SIL) to use/disclose confidential information about me, including protected health information (PHI), to the City of Columbia, Contractors or appointed and agreed upon volunteers for the purpose of a home repair project. I also authorize the agencies and individuals indicated below to use/disclose information about me, including PHI, to SIL for the purpose of coordinating care and services on my behalf. I understand that discussions about my services and care are confidential and will be treated as such. I understand that if the agency or individual that receives the information is not a healthcare provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.

This authorization will expire one year from the date signed. I understand that I may revoke or change this authorization at any time prior to the expiration date, except to the extent that action has been taken in reliance on this authorization, by notifying SIL in writing.

Client Signature for Release of Information & Informed Consent

Date

SIL Staff Signature

Date

The undersigned applicants HEREBY WAIVE any and all claims whatsoever directly or indirectly resulting from any acts, errors, or omissions, whether negligent or otherwise, on the part of the SIL its officers, agents or employees arising from or in connection with providing the requested assistance or anything in any way related thereto.

Under penalties of perjury USC Title 18, Section 1001, I declare that I have examined this application and to the best of my knowledge it is true, correct, and complete.

Applicant Signature

Date

Your Privacy is Important to Us. We understand that you are entrusting us with your private financial information. Under no circumstances will the Agency or the City of Columbia share any personal information about you with any person or organization except as authorized by you to third parties involved in this transaction.

The agency or the City of Columbia does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, marital status, handicap, age, sexual orientation, gender identity or familial status.