



Household and Outdoor Maintenance for Elderly

We are delighted that you have chosen our program, **Household and Outdoor Maintenance for Elderly**, for assistance with household chores. It is our mission to help senior citizens remain independent in their homes by providing services they are unable to do for themselves.

Senior Community Services is committed to continuing to provide older Minnesotans with the assistance they need to live in safety and dignity in their homes and in the community. In order to provide better service to you, we need accurate, up-to-date information in our files. Our funding sources 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.

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.**

HOME 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. We only need one of these forms per household.

Client Agreement

Non Discrimination of Workers Policy

Client Bill of Rights

We do our best to help you with the various maintenance and homemaking services that you need. 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,

Household and Outside Maintenance for Elderly
10201 Wayzata Blvd, Suite #335
Minnetonka, MN 55305
HOME@seniorcommunity.org

Household and Outside Maintenance for Elderly (HOME) is funded under contract with the Metropolitan Area Agency on Aging, Inc. 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.



Household and Outside Maintenance for Elderly Home Service Request (HSR)

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

Name _____ DOB _____ Sex **M / F**

Address _____ City _____ Zip _____

Phone _____ Email _____

Race (select one): White _____ Black/African American _____ American Indian/ Alaskan Native _____
Asian _____ Native Hawaiian/Other Pacific Islander _____ Other _____

Is your household Hispanic? Y / N

Physically Disabled **Y / N** Explain _____ Veteran **Y / N**

Spouse _____ DOB _____ Sex **M / F**

Race (select one): White _____ Black/African American _____ American Indian/ Alaskan Native _____
Asian _____ Native Hawaiian/Other Pacific Islander _____ Other _____

Physically Disabled **Y / N** Explain _____ Veteran **Y / N**

Others In Household _____ DOB _____ Relationship to applicant _____

Race (select one): White _____ Black/African American _____ American Indian/ Alaskan Native _____
Asian _____ Native Hawaiian/Other Pacific Islander _____ Other _____

INCOME INFORMATION List all income information for yourself, spouse, and others in household.

Monthly Income	Name _____	Name _____
Social Security	\$ _____	\$ _____
Pensions, Annuities, PERA	\$ _____	\$ _____
IRA, Retirement Distributions/Withdrawals	\$ _____	\$ _____
Interest, Dividends, Estate or Trust	\$ _____	\$ _____
Disability, Public Assistance	\$ _____	\$ _____
Rental Income, Home Equity Funds Rec.	\$ _____	\$ _____
Salaries, Self-Employment Profits	\$ _____	\$ _____
All Other Income Household Receives	\$ _____	\$ _____
TOTAL for Each Person	\$ _____	\$ _____

_____ **I choose to be a private pay client** and agree to pay the top contribution rate for services. By doing so, I do not need to disclose my household income.

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.

CLIENT SIGNATURE _____

DATE _____

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.

Signature: _____ Today's Date: _____



Household and Outside Maintenance for Elderly

You have agreed to be a client of Household and Outside Maintenance for Elderly and may request home assistance from individuals (“Workers”) sent to your house. These workers will help you with items such as homemaking, yard work, or home maintenance. Senior Community Services expends considerable effort and expense to recruit, screen and refer workers to assist you with home maintenance chores and homemaking. It is very costly to replace these Workers.

To assist with the success of our program and in return for our providing these Workers you agree as follows:

- A. You will notify our office of any problems you may experience with the assistance provided around your home by our Workers.
- B. You agree that all jobs done for you by any Worker from Household and Outside Maintenance for Elderly program will be arranged only through our office. You will not hire, employ or contract directly with any Worker from Senior Community Services and our office to do other work for you.
- C. You may discontinue our services at any time. However, you agree that for one year following your use of Household and Outside Maintenance for Elderly services you will not hire, employ or contract directly with any of the Workers we had perform services for you.

Any dispute that arises will be handled by mediation agreed to by the parties.

CLIENT: _____

Date: _____

Senior Community Services
Household and Outside Maintenance for Elderly Program
10201 Wayzata Blvd, Suite 335, Minnetonka, MN 55305
952-746-4046

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Household and Outside Maintenance for Elderly

CLIENT 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

CLIENT 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 to Household and Outside Maintenance for Elderly for services provided.

PAYMENT POLICY

Clients 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.

Client Signature: _____ Date: _____



Household and Outside Maintenance for Elderly

Senior Community Services, the agency that sponsors the Household and Outside Maintenance for Elderly 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.

Household and Outside Maintenance for Elderly believes that a worker’s gender, age, or race does not determine whether or not they can provide quality work.

The Household and Outside Maintenance for Elderly program is happy to accept your request for service, but we will not honor requests that are discriminatory.

Client Signature: _____

Date: _____

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Household and Outside Maintenance for Elderly
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(Revised 2/11/2019)