ADAPT COMMUNITY NETWORK [we change]

80 Maiden Lane
New York | NY 10038
212.683.6700
adaptcommunitynetwork.org

The **Older Adults Home Modification Program (OAHMP)** offered by **ADAPT Community Network**. This program provides **free home safety and accessibility modifications** for eligible older adults living in New York City. Our goal is to help older adults remain safe, independent, and comfortable in their homes.

Enclosed you will find the **OAHMP Application Packet**, which includes:

- The **Full Application Form**
- A **documentation checklist**
- **Media Release Form**

To qualify, applicants must:

- Be **62 years of age or older**
- Live in **New York City**
- **Not receiving project-based rental assistance**
- Reside in the home as their **primary residence**
- Have a **household income at or below 80% of the Area Median Income (AMI)**
- Provide the required documentation listed in this packet

2025 Income Limits – 80% AMI (NYC Region)

Household Size	**80% AMI**
1 person	$90,720
2 persons	$103,680
3 persons	$116,640
4 persons	$129,600

Once your completed application and all supporting documents are received, our team will review them for eligibility. If you qualify, an Occupational Therapist will schedule a **home visit and assessment** to identify appropriate safety and accessibility modifications.

You may return your completed application by:

- **Email:** wdeleon@adaptcommunitynetwork.org
- **Mail:** ADAPT Community Network – OAHMP, 80 Maiden Lane, 2nd Floor, New York, NY 10038
- **Fax:** 646-760-9216

Thank you again for your interest in this important safety program. We look forward to supporting you.

ADAPT COMMUNITY NETWORK [we change]

80 Maiden Lane
New York | NY 10038
212.683.6700
adaptcommunitynetwork.org

Older Adults Home Modification Program (OAHMP)

Required Documentation Checklist

Please include the following documents with your application.
Check each item as you attach it.

Household Information

☐ **Photo ID** (Driver's license, State ID, or Passport) for all adult household members

Housing Documentation

☐ **Lease** (for renters) or
☐ **Deed** (for homeowners)

Income Verification – for ALL household members

☐ **Proof of income** (all that apply):
- ☐ Pay stubs
- ☐ Tax return (most recent)
- ☐ Social Security benefit letter (SSI/SSDI)
- ☐ Pension statement
- ☐ Public benefit letters

☐ **Bank statements** (only if needed for verification)

Homeowner / Landlord Documentation

☐ **Insurance declaration** (homeowners only)
☐ **Property tax receipts** (homeowners only)

Program Forms

☐ **Signed confidentiality and consent form**
☐ **ADAPT Media Release**

ADAPT COMMUNITY NETWORK [we change]

80 Maiden Lane
New York | NY 10038
212.683.6700
adaptcommunitynetwork.org

Older Adults Home Modification Program (OAHMP)

Applicant Intake & Eligibility Form

For adults 62+ living in New York City. All services are provided at no cost to eligible participants.

Section 1 – Applicant Information

1. **Applicant (Older Adult) – Legal Name**
   - First: _____ Middle: _____ Last: _____
   - Preferred Name (if different): _____
   - Date of Birth (MM/DD/YYYY): ___ / ____ / _____
   - Age (62+ required): _____
   - Pronouns (optional): ☐ She/Her ☐ He/Him ☐ They/Them ☐ Other: _____

2. **Contact Information**
   - Primary Phone: _____ ☐ Mobile ☐ Home
   - Secondary Phone: _____ ☐ Mobile ☐ Home
   - Email: _____
   - Preferred Contact Method: ☐ Phone ☐ Text ☐ Email ☐ Mail

3. **Language & Communication**
   - Preferred Language: ☐ English ☐ Spanish ☐ Chinese ☐ Other: _____
   - Do you need an interpreter? ☐ Yes ☐ No
   - Do you use any assistive communication devices? ☐ Yes ☐ No
     - If yes, please describe:
       _____

4. **Optional Demographic Information (for HUD reporting only)**
   - Race: _____
   - Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino
   - Gender: _____

5. **Emergency Contact**
   - Name: _____ Relationship: _____
   - Phone: _____ Alternate Phone: _____

ADAPT COMMUNITY NETWORK [we change]

80 Maiden Lane
New York | NY 10038
212.683.6700
adaptcommunitynetwork.org

Section 2 – Household

HUD requires information on everyone living in the home and confirmation of primary residence and income eligibility.

1. **Home Address (Primary Residence)**
   - Street: _____Apartment/Unit: _____
   - City: _____ State: NY ZIP: _____
   - Borough: ☐ Bronx ☐ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island
   - Is this your primary residence? ☐ Yes ☐ No
   - How long have you lived here? _____ years _____ months
2. **Housing Status**
   - ☐ I own this home (homeowner)
   - ☐ I rent this home (renter/tenant)
   - ☐ Other (explain): _____
3. **Household Members**

   List everyone who lives in the home, including yourself. Indicate who is on the lease/mortgage.

Name	Date of Birth	Age	Relationship to Applicant	On Lease/Mortgage? (Y/N)

   - Total number of adults (18+): _____
   - Total number of children (<18): _____

80 Maiden Lane
New York | NY 10038
212.683.6700
adaptcommunitynetwork.org

Section 3 – Property & Landlord / Owner Information

1. **Type of Building**
   - ☐ Single-family home
   - ☐ 2–4 family house
   - ☐ Apartment building
   - ☐ Other: _____
2. **Approximate Year Building Was Built (if known):** _____
3. **If You Are the Homeowner:**

   Name on Deed: _____
   Do you have current homeowner's insurance? ☐ Yes ☐ No ☐ Unsure
   Are property taxes up to date? ☐ Yes ☐ No ☐ Unsure

4. **If You Are a Renter / Tenant:**

   Landlord/Property Owner Name: _____
   Management Company (if any): _____
   Phone: _____ Email: _____
   Best way to contact landlord: ☐ Phone ☐ Email ☐ Mail
   Do you have written landlord permission for modifications?
   ☐ Yes (attach copy) ☐ No ☐ Not yet – I give ADAPT permission to contact my landlord to request written consent.

Section 4 – Income & Eligibility Documentation

Program requires household income at or below 80% AMI and verification of documentation such as pay stubs, tax returns, and benefit letters.

1. **Household Income Sources (check all that apply for anyone in the home):**

☐ Wages / Salary	☐ Supplemental Security Income (SSI)	☐ Unemployment
☐ Social Security Retirement	☐ Pension / Retirement	☐ Rental Income
☐ Social Security Disability (SSDI)	☐ Public Assistance / Cash Assistance	☐ Other (specify): _____

80 Maiden Lane
New York | NY 10038
212.683.6700
adaptcommunitynetwork.org

2. **Monthly Gross Income by Household Member (before taxes)**

Name	Income Source(s)	Monthly Gross Income ($)

Total Monthly Household Gross Income: $ _____
Total Annual Household Gross Income (estimated): $ _____

Section 5 – Program Eligibility & Needs Overview

1. **Eligibility Statements (Applicant must initial each):**
   - I am **62 years of age or older**.
     Applicant Initials: _____
   - I **currently live in this home** in New York City as my **primary residence**.
     Applicant Initials: _____
   - I understand that **modifications are provided at no cost** to me if I am eligible, and I will not be charged for approved work.
     Applicant Initials: _____
2. **Brief Description of Your Needs (for screening – full assessment will be completed by an Occupational Therapist)**
   - What is your main safety or mobility concern at home?

     _____
     _____
     _____

   - Have you fallen or almost fallen at home in the past year? ☐ Yes ☐ No
   - Do you use any mobility devices? ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other: _____

---

80 Maiden Lane
New York | NY 10038
212.683.6700
adaptcommunitynetwork.org

Section 6 – Referral & Current Services

1. **How did you hear about the Older Adults Home Modification Program?**
   ☐ Self / Family ☐ ADAPT staff ☐ Hospital/Clinic ☐ Community Agency
   ☐ Senior Center / NORC ☐ Government Office ☐ Other: _____
2. **Are you currently receiving any of the following services? (check all that apply)**
   ☐ Home care / Aide services ☐ Case management ☐ Physical / Occupational Therapy
   ☐ Housing assistance or subsidy ☐ Other: _____
3. **May ADAPT contact your service providers to coordinate care, if needed?**
   ☐ Yes ☐ No
   - If yes, list provider name/agency and contact information:

Name	Phone	Email	Provider Name/Agency

Section 7 – Conflict of Interest Screening (Required): *Staff will review for compliance with HUD and ADAPT conflict-of-interest rules; answering "Yes" does not automatically mean you are ineligible.*

Please answer the following:

1. Are you currently an employee of ADAPT Community Network?
   ☐ Yes ☐ No
2. Is any member of your household an employee of ADAPT Community Network?
   ☐ Yes ☐ No
3. Are you or any household member a current ADAPT Board Member or Officer?
   ☐ Yes ☐ No
4. Are you closely related (spouse, parent, child, sibling, grandparent, in-law, or living in the same household) to any ADAPT employee, Board Member, or Officer?
   ☐ Yes ☐ No

If yes to any, please explain:

_____

_____

_____

80 Maiden Lane
New York | NY 10038
212.683.6700
adaptcommunitynetwork.org

Section 8 – Consents & Releases

1. **Release of Information for Eligibility Verification**
   I authorize ADAPT Community Network's OAHMP staff to obtain, share, and verify information related to my eligibility for this program, including income and residency, with agencies such as Social Security, benefit providers, financial institutions, landlords, and other relevant entities, solely for the purpose of determining eligibility and administering services.

- Applicant Signature: _____ Date: ___ / ___ / _____

2. **Consent to Contact Landlord / Property Owner (for renters)**
   I authorize ADAPT Community Network to contact my landlord/property owner/management company to request written consent for home modifications and to coordinate any approved work in my home.

- Applicant Signature: _____ Date: ___ / ___ / _____

3. **Consent for Home Visit & Assessment**
   I give permission for ADAPT's Occupational Therapist or designated staff to visit my home to complete an assessment and to discuss recommended modifications with me (and my caregiver, if applicable).

- Applicant Signature: _____ Date: ___ / ___ / _____

4. **Privacy & Confidentiality Acknowledgment**
   I understand that my personal information will be kept confidential and used only for purposes of determining eligibility, providing services, and required reporting to HUD, in accordance with applicable privacy laws and ADAPT policies.

- Applicant Signature: _____ Date: ___ / ___ / _____

Section 9 – Applicant Certification

I certify that the information provided in this application is true, correct, and complete to the best of my knowledge. I understand that providing false information may result in denial or termination of services.

- Applicant Name (print): _____
- Applicant Signature: _____ Date: ___ / ___ / _____

ADAPT COMMUNITY NETWORK [we change]

80 Maiden Lane
New York | NY 10038
212.683.6700
adaptcommunitynetwork.org

Older Adults Home Modification Program (OAHMP)

HPF – 5.01

MEDIA RELEASE

We understand that information about you or your child is personal, and we are committed to protecting the privacy of that information. Because of this commitment, we need your permission before we disclose your or your child's protected information for the purposes described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed. Please read the information below carefully before signing this form.

Uses and Disclosure Covered by this Authorization

I, _____ authorize ADAPT Community Network ("ADAPT") to take and disseminate my photograph, videos, artwork and/or interviews of me, including information regarding my relationship with ADAPT and services I receive and to release such information for use in any ADAPT websites, social media, print publications, including, but not limited to, brochures, magazines, newsletters, annual reports, TV or print advertisements, displays, event invitations and promotional materials, and/or to be used in connection with ADAPT advertising campaigns on TV, radio or digital media or at community events.

By signing this form, I authorize the use and disclosure of my protected health information in connection with the above referenced uses. I understand that this information may be redisclosed if the recipient(s) is not required by law to protect the privacy of the information and/or if such information is no longer protected by federal health information privacy regulations.

I understand that ADAPT may receive indirect compensation as a result of fundraising involving the use of the above referenced materials. I further consent and waive any right I may have under the New York State Civil Rights Law, Section 50, in relation to the use of my name, portrait, picture or information in advertising or marketing.

I understand that this authorization expires three years after execution of this release. I also understand that I have a right to refuse to sign this authorization and that my health care services, the payment for my health care services and my health care benefits will not be affected if I do not sign this form. I understand that I have a right to receive a copy of this form after I have signed it.

I further understand that I have the right to revoke this authorization at any time, except to the extent ADAPT has already taken action in reliance upon my authorization. To revoke this

80 Maiden Lane
New York | NY 10038
212.683.6700
adaptcommunitynetwork.org

authorization I must write to Sheila Lennon, ADAPT, 80 Maiden Lane, 8th Floor, New York, NY 10038.

I have read this form and all of my questions about this form have been answered. By signing below, I acknowledge that I have read and that I accept all of the above.

Signature of Individual or Guardian Date

Print Name of Individual or Guardian

Program Name

Address of Individual or Guardian

Phone (h) (cell) (work)

Email Address