



Member Questionnaire - Application

Hello - Thank you for your interest in HomeFreeHome. In an effort to provide the most effective programs, we require that all members complete this application. If you need assistance in filling out this form or need to apply by phone please call us at 516.883.0403.

All HomeFreeHome projects are simple, such as adding a new entry ramp or accessible bathroom with a roll-in shower. We will design the renovation according to your particular needs and help you get required building permits. HomeFreeHome does not provide funding for construction costs. However, we will assist you in applying for government programs and work with you in your community to help raise financial support. HomeFreeHome is a 501c(3) charity and donations are tax deductible.

You will need to help us by agreeing to be available for interviews. Your house may be published in magazines, newspapers and TV spots. Photos of you, your family and your quotes will be used for promotional materials, such as our website.

The information in this application is confidential and protected under the Privacy Act. This information will only be used by HomeFreeHome to determine your program eligibility. The completion of this application does not guarantee your participation in the HomeFreeHome program.

After your application is reviewed our office will contact you by e-mail or phone.

Date _____

Member Name – family member who is physically challenged

Address _____

City _____ State ____ Zip _____

Phone: _____ E-mail: _____

Male / Female Age _____ years

Education _____

Employed at _____

Please return this form and any photos to:

Application, Home Free Home , 66 Hillview Ave. Port Washington, NY 11050

Member Name _____

Family members living in your house: (please list all)

Name _____ Age _____ Relationship _____
(spouse, mother, brother, sister ...etc.)
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____

Approximate family yearly income. If selected you will need to provide recent tax records.
m under 55,000/year m 65,000/year m 70,000/year m more than 75,000/year

CONTACT INFORMATION – (if person completing application is different than Member)

Address _____

City _____ State ____ Zip _____

Phone: _____ E-mail: _____

Relationship to member ___ Parent ___ Legal Guardian ___ Relative _____

Do you own your house? Name of Home Owner _____

Note: Home Owner must sign this application

About You

Please briefly explain what is your disability:

Can you send us your picture, please?

Member Name _____

About You

MOBILITY

List any assistive devices that you use in your everyday life (walker, wheelchair, electric wheelchair, etc.)

- I require occasional assistance to move about, but I am usually independent
- I require assistance with transferring from bed, chair or toilet
- I require transfer and transport assistance

NUTRITION (check one)

- I can prepare my own meals and eat without assistance
- I have my meals prepared and served, but I eat independently
- I require assistance when eating, such as opening cartons or cutting food
- I am mostly or totally dependent on others for nourishment

HYGIENE (check one)

- I am independent in all care including bathing, shaving and toileting
- I may require assistance with bathing or hygiene
- I depend on others for most or all personal hygiene tasks

Is there anything else we should know about you?

What do you need to change in your home?

Member Name _____

About Your House

1. Approximately how old is your house?
2. How many Bedrooms?
3. How many Bathrooms?
4. How long have you been living in your house?
5. Do you have any floor plans (blue prints) of your house as it exists today?
6. Do you have a lot survey of your property?
7. Is your house accessible?
8. Is there at least one entrance that does not require the use of stairs?
9. Does the driveway have enough room for an access aisle on side of a car /van?
10. Is the entry door wide enough and can you easily operate the handle and lock?
11. On the interior of your house are doors wide enough ?
12. Is there a bathroom on the first floor that you can use?
13. Can you reach the kitchen sink ?

PLEASE take photos of your house and send them to us –

I have completed this Application to the best of my knowledge. I also understand that to participate in the HomeFreeHome program I will need to provide further financial information, sign a publicity release form and service agreement.

Signature _____
Print Name _____ Date _____

If under 18, name of parent or guardian
Parent Signature _____ Date _____
Print name _____ Relationship _____

HomeOwner Signature _____
HomeOwner Print Name _____ Date _____