

North Slope Borough

Department of Health and Social Services

P.O. Box 69

Barrow, Alaska 99723

Phone: (907) 852-0344

Fax: (907) 852-0389



Utuqqanaaqagvik Housing Application

Please help us expedite the application process by checking all the required boxes below are completed:

- ✓ Applications must be filled out completely (no blanks)
 - Complete contact information (phone, email and/or mailing address)
 - Social Security Number for all occupants
 - Birth Certificate and/or Marriage Certificate verification for all occupants
 - Complete Income & anticipated income for all occupants
 - Complete 3 year residential history with dates and landlord information or living situation for all occupants
 - Signed and Dated by all occupants
- ✓ NSB Police Dept 'Full U.S. Criminal History' report for all occupants. The NSB Police Dept fee is \$20 per individual. The average wait time is 72 hrs.
- ✓ Applications must have all signatures in order to be added to our waiting list.
Applications will be date and time recorded in the order they are received.
- ✓ Applications assistance can be scheduled by contacting the Senior Program Client Service Dept. at (907)852-0276

Frequently Asked Questions:

Q: Is there a fee for applying to Utuqqanaaqagvik?

A: No. There is no fee to apply.

Q: What age must I be to apply?

A: you must be aged sixty (60) years or older to be considered. Your spouse's age does not disqualify you. The minimum age for a caregiver to reside with you is eighteen (18).

Q: How long do I need to wait?

A: Utuqqanaaqagvik (Senior Center) will do quarterly evaluations of applications and acceptance:

- JAN-FEB-MAR: by April 10th
- APR-MAY-JUN: by July 10th
- JUL-AUG-SEP: by October 10th
- OCT-NOV-DEC: by January 10th

Q: What happens after you are 'Pre-Screen Approved'?

A: You are placed on a waitlist; once your name reached the top of the waitlist, you will be contacted by the Program Staff to complete move-in processing.

Q: What is the definition of 'Persons with Disabilities'?

A: A person with a disability is any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities;
2. Has a record of such an impairment; or is regarded as having such impairment.

Q: What is the definition of 'Homelessness'?

A: 'Homelessness' includes a family residing in one of the following places and does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or State law.

1. Resides in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street), in an emergency shelter, and in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters. In any of the above places, but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
2. Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
3. Is an individual(s) who are living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations; due to the lack of alternative adequate accommodations, are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.

Q: What documentation is needed for the homeless waitlist preference?

A: a letter from the shelter, transitional, or supportive housing agency, on letterhead, stating the applicant's current residency in their shelter.

Q: Are there 'Income Guidelines'?

A: Yes. Income Verification will be conducted only during the move-in process.

AUTHORIZATION FOR RELEASE OF INFORMATION - 'APPLICANT'

Your signature on this form authorizes **North Slope Borough Department of Health & Human Services Senior Program** to obtain information on your income, financial position and personal history to determine your eligibility for rental housing. This authorization and the information obtained may be given to any Federal, State, or local program that is enforcing application housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local Governments, Native Corporations, the State of Alaska Permanent Fund (PFD) Division, Child Support Enforcement Agencies, private individuals, public assistance agencies, school authorities, the Social Security Administration, law enforcement agencies, and unearned income sources. Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last five (5) years.

I understand that his authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for housing.

COMPUTER MATCHING PROGRAMS

I understand and agree that the **North Slope Borough Department of Health & Human Services Senior Program** may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to disprove any information that may be incorrect.

CONDITIONS

I agree that a photocopy of the authorization may be used for the purposes state above. The original of this authorization is on file with the **North Slope Borough Department of Health & Human Services Senior Program** and will stay in effect for one (1) year and one (1) month from the date signed. I understand that I have a right to review my file and correct any information that may be incorrect.

Applicant Printed Name

Date

Applicant Signature

STATEMENT OF TRUTH:

I understand that all the information given on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of the application. I authorize release of information regarding my credit, references (personal/landlord, etc...), criminal history, and financial information to a representative of **North Slope Borough Department of Health & Human Services Senior Program** for a period of one (1) year and one (1) month from the date signed.

AUTHORIZATION FOR RELEASE OF INFORMATION – ‘CO-APPLICANT’

Your signature on this form authorizes **North Slope Borough Department of Health & Human Services Senior Program** to obtain information on your income, financial position and personal history to determine your eligibility for rental housing. This authorization and the information obtained may be given to any Federal, State, or local program that is enforcing application housing rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local Governments, Native Corporations, the State of Alaska Permanent Fund (PFD) Division, Child Support Enforcement Agencies, private individuals, public assistance agencies, school authorities, the Social Security Administration, law enforcement agencies, and unearned income sources. Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last five (5) years.

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PHYSICAL EXAM

Name: _____

Sex: _____

Weight: _____ Pulse: _____

Height: _____ Respiratory: _____

Blood Pressure: _____

Allergies (list all):

Please list all medications currently prescribed for this applicant:

Medication	Prescription (dose & frequency)	Medication	Prescription (dose & frequency)

Tuberculosis Screening/History: Date of PPD _____ mm _____

History of tuberculosis? Yes _____ No _____

If Tuberculin positive, date of last sputum exam: _____

date of last chest x-ray: _____

Activities of Daily Living:

Is applicant able to dress self? _____

Is applicant ambulatory and able to care for personal needs? _____

Is applicant able to walk 300 feet unassisted? _____

Is applicant fully continent? _____

Is the applicant alert and responsive? _____

Oriented to date, time and place? _____

Does applicant have a hearing impairment? _____

Is applicant edentulous? _____

Does applicant require assistive devices? (walker, cane, wheel chair) _____

Does applicant have vision impairment? _____

Substance Abuse:

Does the applicant have a history of alcohol and/or drug abuse?

If yes, do you recommend treatment before residency at Senior Center? _____

Provider Comments:

PHYSICAL EXAM

I certify that I have examined _____ and have found this applicant to be physically and mentally capable of independently performing activities of daily living as a result of the examination. The applicant is capable of independent daily living at the Senior Center.

Provider Name (please print)

Phone Number

Signature

Date

VITAL STATISTIC QUESTIONNAIRE/I.D. CARD APPLICATION

Date of Interview: _____ Telephone Number: _____

Last First Middle Birth Date Age

Birth Place Birth Certificate Y/N Social Security

Ethnic Background Medicare/Medicaid Y/N Card # Visitor

Mailing Address Street Address Village

As proof of age, please submit one of the following documents with this questionnaire.

- | | |
|---|--|
| <input type="checkbox"/> (delayed) Birth Certificate | <input type="checkbox"/> Citizenship Papers |
| <input type="checkbox"/> Social Security Verification | <input type="checkbox"/> Naturalization Record |
| <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Immigration Record |
| <input type="checkbox"/> Passport | <input type="checkbox"/> State ID Card |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> ASRC Card |

List Monthly Income from job: _____

Employer Full/Part Time

List your monthly income:

- | | |
|---------------------------------------|-------------------------|
| Alaska Senior Benefits Program _____ | Pensions _____ |
| Social Security _____ | Retirement _____ |
| Social Security Income _____ | Veterans Benefits _____ |
| Food Stamps _____ | Unemployment _____ |
| Adult Public Assistance _____ | Welfare _____ |
| General Assistance _____ | Dividends _____ |
| Aid to Families with Children _____ | Other: _____ |
| Aid to disabled, blind, old age _____ | |
| Total Unearned Monthly Income: _____ | |

Describe physical disabilities if any: _____

Do you take medications regularly: Yes ___ No ___

List: _____

VITAL STATISTIC QUESTIONNAIRE/I.D. CARD APPLICATION

Natural Mother's name

Birth date Date of Death

Natural Father's name

Birth date Date of Death

Siblings

Birth date of siblings

Names of children

Birth date of children

Name/place of Church

Name of Pastor/Minister

Date of Baptism

Marital Status

Date of Marriage

Spouse's Name

Social Security

Birth Date

Degree of Education: _____

Do you live in your own home? Yes ___ No ___ How many rooms in your house _____

Is your house in good condition? Yes ___ No ___ Describe any repairs needed: _____

Do you live alone? Yes _____ No _____ With Family? Yes _____ No _____

How many in household? _____

Signature

Date

Consumer Screening for Nutrition, Transportation & Support Services

This information is Confidential

1. Name _____ Age _____
2. Birth Date _____ 3. Last 4 Digits of SSN (only) _____ 4. Gender M F
Physical Address _____ Phone _____
Mailing Address _____ Village/City (PFD) _____ Zip Code _____
5. Rural Yes ___ No ___ 6. Live Alone Y ___ N ___ Live with _____
Emergency Contact _____

7. **Minority Status** (Required and defined by the Older Americans Act (OAA)

8. Mobility and Function Assessment for

_____ African American	Meals: Congregate ___ Home Delivered ___
_____ Hispanic Origin	Nutrition Counseling _____
_____ American Indian/Native American	Assisted Transportation _____
_____ Asian American/Pacific Islander	Homemaker _____ hours/week
_____ Non-Minority	Other _____

If the Client is **unable to perform**, one or more of the following Activities of Daily Living (ADL or Instrumental Activities of Daily Living (IADL) without personal assistance, supervision or cues, check the activity and compile score.

9. Activities of Daily Living (ADL)

- Eating
- Dressing
- Bathing
- Toileting
- Transferring in/out of bed/chair
- Walking

Total Score ADL (#of) _____

10. Instrumental Activities of Daily Living (ADL)

- Preparing Meals
- Shopping for Personal Items
- Medication Management
- Managing Money
- Using Telephone
- Doing Heavy Housework
- Doing Light Housework
- Using available transportation

Total Score IADL (#of) _____

11. Live below Guidelines Yes No

Household Size Federal Poverty Guidelines

- | | |
|------------------|-----------|
| 1. \$11,950/year | 996/month |
| 2. \$ 16,030 | 1336 |
| 3. \$ 20,110 | 1676 |
| 4. \$ 24,190 | 2016 |

12. Health and Nutrition Information

- Check if applicable Uses
- Disabled Cane
 - Bedridden Walker
 - Diabetes Wheelchair
 - Nutritional Health Score: _____
High Nutritional Risk = 6+ Yes No
 - Special Dietary Needs (describe):
 NA

Additional Information:

Referrals:

Follow up date: _____

Site: _____ Profile prepared by: _____

Date: _____

Clients concerns or comments: _____

**Division of Senior & Disabilities Services, NTS Grant Program
Nutritional Health Assessment Form for Congregate and Home Meal Clients**

Name _____ Date _____

Read the statement below. Circle the number in the yes column that applies.

	<u>Yes</u>
1. I, or someone close to me have an illness or condition that has caused me to change the amount and/or kind of food I eat.	2
2. I eat less than two (2) meals per day.	3
3. I eat less than three (3) servings of fruit or vegetables a day, ½ = a serving	2
4. I eat or drink less than three (3) servings from the dairy group (milk, cheese, yogurt) or Calcium equivalent, every day.	2
5. I drink less than five (5) cups (8 oz) of fluids (without caffeine or alcohol) daily	2
6. I have three (3) or more drinks of beer, wine or liquor almost every day.	2
7. I have tooth or mouth problems that make it hard for me to eat.	2
8. I don't always have enough money to buy the food I need.	4
9. I eat alone most of the time.	1
10. I take three (3) or more prescribed or over the counter drugs a day.	1
11. Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
12. I am not always physically able to shop, cook and/or feed myself.	2

Total your Nutritional Score. If it's - **Total** _____

0-2 Good! Check again in 12 months.

3-5 You are moderate nutritional risk. Check again in 9 months.

6 or more: You are at high nutritional risk. Take a copy of this form the time you see your Doctor, dietitian or other qualified health or social service professional. Talk with them and ask for help to improve your health.

If you answered yes to any statements, see what can be done to improve eating habits and lifestyle. See **Practical Tips to Improve Your Nutritional Health**.

Remember that warning signs suggest risk, but do not represent a diagnosis of any condition. One of the best steps to improve your nutritional health and stay in good general health is to see a doctor regularly.

For Agency Use Only:

Grantee Representative:

Follow – up indicated Yes No

Date:

**Division of Senior & Disabilities Services, NTS Grant Program
Nutritional Health Assessment Form for Congregate and Home Meal Clients**

Practical Tips to Improve Your Nutritional Health

If you answered YES to any statements on the Nutritional Health Assessment Form, check the corresponding number below for simple steps you can take to improve your nutritional health.

1. Choose foods from all the food groups every day to make sure that you get all the nutrients you need to protect your immune system and your strength.
2. When you are at your Senior Center, ask to see if you can purchase an extra meal to —take home, or order a meal in advance. You should aim for three (3) good meals a day.
3. Always make sure to select the fruits or vegetables offered at your meal site. Have canned, frozen or fresh fruits or vegetables on hand at home to include with every meal or snack. You need three to five (3-5) servings every day.
4. Add milk to your cereal, soups and hot drinks. Have some milk with each meal. You need three to four (3-4) servings of milk a day to protect your heart, blood pressure, bones and teeth.
5. Get in the habit of having a glass of milk, water or herbal tea with each meal and snack. Keep a bottle of water near by all day. Drinking enough fluids helps your medications work better and keeps your circulations and bowels in good working order.
6. Ask you Senior Center Director if there is a local group or number you can contact to get help. Too much alcohol keeps your body from getting the nutrition in needs. You can also call the Division of Behavioral Health at 269-3790 for more information.
7. Choose soft foods to eat and ask your Senior Center if they can chop or puree foods until you get the help you need from your doctor or dentist.
8. Talk to the Director of your Senior Center or the Health Department to find out what assistance programs are available in your community.
9. Ask another senior at your Senior Center if they can meet for a meal during the week or weekend when the center is not open. Eating with others improves your appetite.
10. Many medications and herbs can interfere with your appetite and your ability to get all the nutrients you need from the food you eat. Always let both your pharmacist and physicians know about the herbs, medications including over the counter drugs and vitamins you are taking.
11. Losing or gaining too much weight in a short period of time is dangerous to your health. Talk to your doctor immediately to find out what can be done to change this pattern.
12. Ask the Director of your Senior Center about local assistance programs in your area that may be able to help you. Also, ask if your Senior Center sells frozen meals for the weekends or when the center is not open.

The following items will be required for **ALL** occupants once you are selected for a rental unit:

- Copies of government issued photo identification;
 - State Identification Card
 - Driver's License
 - Federally Recognized Tribe Member Card
- Verification of Social Security Number (IRS, Social Security benefits verification or Social Security Card).
- Previous Year Tax Return
- Physical Exam Form
- Tuberculosis (TB) Test