

SENIORS HOME ACCESSIBILITY FUND

APPLICATION FORM

CONTACT INFORMATION

Name: _____

Address: _____

Is this property: Privately-owned home Band-owned home/rental

Phone: _____

REQUEST

Brief description of the needs and requested work to be completed:

Recommended by (health professional): _____
Name & designation

Application form and quotes (optional) should be submitted to the Manager of Health Services. Funding will be reviewed and approved on a first come, first served basis.

For office use:

Approved by: _____ Date: _____

Approved forms will be forwarded to the Housing Department for completion of the work