Appendix B Client Eligibility Documentation Form

Older Adults Home Modification Program Client Eligibility Documentation Form¹

Study ID:		dy ID:	Today's Date	Form Co	Form Completed By:		
Site	ID	Client ID	(mm/dd/yyyy)	Name	Job Title		
					dropdown menu: administrative staff, program staff, project manager, program manager, other		
					[Specify]]		
Older A	Adults H blic rep	Iome Modification Gra orting burden for you	ant Program is. Your par collection of information	ticipation in the Evaluation as a	e HUD with information about how effective its grantee is mandatory as a condition of the grant per response. HUD may not collect this valid OMB control number.		
Guidance for Grantees: Please complete one form for each home you consider for inclusion in the OAHM program, even if none of the residents are found to be eligible. Enter information for one person per home, i.e., the person most likely to be the client (called "potential client" in this form). Although items are numbered, you can complete this form in the order that makes the most sense for your program. Please provide an answer for each item.							
1. H	lomeo	wnership Questic	ons:				
1.		id the potential coorsing \square yes	-	they own the home they	would like to enroll in the		
1.		id the potential corogram? \Box yes \Box	-	they live in the home the	ey would like to enroll in the		
	ncludii <mark>ast 1)</mark>		lient, how many po	eople live in this home?	(<mark>Answer must be at</mark>		
3. H	louseh	old Income Ques	stions:				
3.	.a. Is	the potential clie	ent's household anı	nual income above [80%	AMI VALUE]?		
		\square yes (Go to 4)	\square no Go to 3.b				
		`	11 1	AMI income level accor the home based on Q2.)	ding to the grantee's location		
3.	.b. Is	the potential clie	ent's household anı	nual income above [50%	5 AMI VALUE]?		
		□ yes	□ no Go to 3.c	\square information not avai	lable <mark>(Go to 4)</mark>		

¹ Code for this document: Black font=Question for grantee to answer; *Blue italics* = Instruction for the grantee; *yellow highlighted italics*: Instruction for REDCap programmer.

		(REDCap: Insert appropriate 50% AMI income level according to the grantee's location and the number of people living in the home based on Q2.)					
	3.c.	Is the potential client's household annual income above [30% AMI VALUE]?					
		☐ yes ☐ no ☐ information not available					
		(REDCap: Insert appropriate 30% AMI income level according to the grantee's location and the number of people living in the home based on Q2.)					
4.		bes the physical condition of the potential client's home meet the grantee's eligibility criteria? yes \Box no \Box not applicable, home's physical condition is not an eligibility criterion					
5.	Is the	e potential client most comfortable speaking in English, Spanish, or another language?					
	□Е	nglish					
	\Box S	panish					
	□ A	☐ Another language not mentioned. Specify:					
6. Age Questions:							
	6.a.	What is the potential client's age (in years)?					
	6.b. What is the potential client's birthdate (mm/dd/yyyy)?						
7.		s the potential client ineligible due to organization-specific eligibility criteria not mentioned above? Yes (Specify)					
	\square N	o $\ \square$ NA, there were no other organization-specific criteria					
8.	Is the	he potential client eligible for the program? \Box yes Go to 9 \Box no Go to the Lost-to-Project Go					
9.	Complete the information below only after an individual has been found to be eligible for the program, AND the licensed occupational therapist (OT)/licensed OT Assistant or Certified Aging-in-Place Specialist (CAPS) whose work is overseen by a licensed OT has determined this individual should be the beneficiary of OAHM services. If the OT/OTA/CAPS-identified client is different from the individual whose data was entered in questions 5 and 6, revise to answer questions for the identified client.						
		Name of Client:					
		Street Number and Name:					
		Unit Number:					
	0 -	City: State: Zip Code:					
	9.c.	Phone Information.					
		9.c.i Check this box if the client does not have a phone: \Box (<i>Do not allow the phone number questions to be filled in, skip to 9d</i>)					
		9.c.ii Check this box if the client needs to use TTY or TDD services: □					
		Teletype (TTY) or Telecommunications Device for the Deaf (TDD) number:					

9.c.iii Phone number to reach client during the day:				
Preferred contact method? \square yes \square no				
Does client prefer to receive calls or texts on this p is not a cell phone) \square Calls \square Texts \square No prefer	`			
9.c.iv Phone number to reach client in the early evening:				
Preferred contact method: \square yes \square no				
Does client prefer to receive calls or texts on this p is not a cell phone) \square Calls \square Texts \square No prefer	`			
9.d. Email information: check this box if client does not have a the email address questions to be filled in) Email address:	an email address: □ <mark>(Do not allow</mark>			
Preferred contact method: \square yes \square no				
Contact Notes (e.g., list any hearing, vision, or speech issues field staff may need to consider when contacting or visiting the client):				