

RAD Renovations Application Form



The Residential Accessible Design (RAD) Renovations Program is a non-profit, voluntary service assisting low income and limited mobility Calgarians with navigating the process of completing home accessibility modifications.

Please complete the application form below to apply to the RAD Renovations Program. This application does not guarantee acceptance into the RAD Renovations Program and is used as an initial information and screening tool. All information is private and confidential. Please note that RAD Renovations does not directly contribute financially to any home accessibility modifications. Clients will be required to submit personal documentation, such as theirs, and their spouse's (if applicable) Notice of Assessment from Canada Revenue Agency from the most recent tax year to RAD Renovations in order to apply for modification funding from external sources. Funding and project eligibility requirements do apply.

Please note ALL fields are mandatory for your application to be considered.

Please return this completed form and all supporting documentation by:

- Mail: #215, 1212 – 31 Ave NE Calgary, AB T2E 7S8
- Email: rad@accessiblehousing.ca
- Fax: 403.284.0304

Application Date (dd/mm/yyyy): _____

1. Client Information	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Client Name:	Client date of birth (dd/mm/yyyy):
Address:	
Phone Number:	Email:
Primary Diagnosis related to renovation request:	
<input type="checkbox"/> Single individual <input type="checkbox"/> Married Individual <input type="checkbox"/> Widowed <input type="checkbox"/> Child (under 18)	
Mobility aids used:	<input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Power wheelchair <input type="checkbox"/> Four wheeled walker <input type="checkbox"/> Scooter <input type="checkbox"/> Other: _____
Occupational Therapist / Physiotherapist:	
Phone Number:	Email:
Has the Occupational Therapist / Physiotherapist completed a home assessment in client's home for the renovation being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the client require a translator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Translator name:	Phone Number(s):
2. Main Contact Information	
Who is to be contacted about the application if different from client? (i.e. family member, spouse, parent, caregiver, translator, supportive roommate, Occupational Therapist, Social Worker, Senior Worker etc)	
Main Contact name:	Relationship to client:
Phone number(s):	Email:
Does the main contact reside with the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Client's Home Status	
Please check ALL that apply.	
<input type="checkbox"/> Client owns home <input type="checkbox"/> Client resides in home owned by family member(s)	
<input type="checkbox"/> Client rents Does client have written permission from landlord / homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord / Homeowner name:	
Phone number(s):	Email:
<input type="checkbox"/> Client lives in a condo unit or mobile home Condo or Mobile Park Property Management name:	
Phone number(s):	Email:
<input type="checkbox"/> Calgary Housing Company or other subsidized housing	
How many people reside in the home? _____	<input type="checkbox"/> Children (0-18) <input type="checkbox"/> Adults (19-64) <input type="checkbox"/> Seniors (65+)
4. Client's Annual Income	
Has the client filed their taxes from the most recent tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p><i>Please use exact numbers from Line 15000 of Notice of Assessment from previous tax year, and also attach the NOAs to this application:</i></p> <p>Total Client Annual Income from previous tax year</p> <p>Spouse's Annual Income from previous tax year</p> <p>If client is under 18:</p> <p>Parents' combined total Annual Income from previous tax year</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
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5. Available Funding

Has the client previously applied to RAMP (Residential Access Modification Program - Government of Alberta) before? Yes No

If yes:

When was the application submitted (mm/dd/yyyy)? _____

What renovation was the application for? _____

How much funding did you apply for? _____

Has the application been approved? Yes No Approval Pending

Is there a disability-specific organization with funding you may be eligible for? Yes No

MS Society of Canada Muscular Dystrophy Canada Cerebral Palsy Kids and Family

Cerebral Palsy Alberta Other: _____

<p>How much funding can the client or client's family contribute to the renovation if the scope of the renovation exceeds available funding?</p>	<p>\$ _____</p>
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6. Home Accessibility Renovation

Please choose the **top two highest priority** home accessibility renovation(s) required and recommended by the client's Occupational Therapist at this time.

Accessible Bathroom
 ___ Barrier free, wheel in shower ___ Comfort height toilet ___ Toilet grab bars ___ Accessible Sink

Accessible Entrance and Exterior
 ___ Porch lift at front entrance ___ Porch lift at back entrance ___ Porch lift at side entrance
 ___ Porch lift in garage ___ Exterior ramp
 ___ Exterior Pathway ___ Interior stair lift at entrance

Accessible Interior
 ___ Door Widening(s) ___ Flooring ___ Stairway handrails
 ___ Stair lift from _____ level to _____ level (main, upper, lower, lower level of basement)
 Is there a landing in the stairway between levels? Yes No

Other _____

Additional Comments: _____

7. How did you hear about the RAD Renovations Program?

I was Referred By _____ Phone Number _____
 (Name)

Occupational Therapist Homecare Seniors Worker
 Association or Organization _____ Accessible Housing Staff
 RAD Renovations Presentation Table Online _____
 Other _____