



## **Bucksport Bay Healthy Communities Coalition “Healthy Homes” Fund**

The BBHCC Fund was set-up for residents who live in Orland or Verona Island in financial need to support safety & accessibility repair projects (thanks to a 2024 grant provided by Maine Community Foundation) so that they can safely remain in their own homes and communities. This fund can only be applied for once in a 12-month period. If the application is approved and work is completed, individuals cannot apply again for these funds. They are granted once per individual.

To be eligible for the BBHCC “Healthy Homes” fund, an individual must be a BBHCC Thrive program participant. If you are not a Thrive participant, please fill out that application first.

Because we accept monies from state and federal agencies, we must ask specific demographic questions about race, ethnicity, sexual orientation, etc. You can decline to answer but you must write “decline to answer” in order to be eligible for these funds.

**Date of Request:**

**Date Funds Needed By:**

### **Required Demographic Information:**

- **Name of Applicant:**
  - **Gender:**
  - **Pronouns:**
  - **Circle the correct household status:**
  - **Physical Address:**
  - **Mailing Address:**
  - **Telephone Number:**
  - **Email address:**
  - **How many individuals live in your household?**
- Date of Birth:**
- Married, Single, Divorced**
- City/Town:**
- Zip Code:**

- **Annual income of applicant:**
- **Sources of Income:**
- **Amount Requested: (Maximum \$750):**

Please describe the home safety & accessibility repairs that need to be completed and why they must be completed now:

Please describe how access to this funding will improve your ability to remain in your home and community:

Please list any other concerns or relevant information about your home here:

## ADL/IADL Assessment

Please indicate by circling yes or no whether you have difficulty with any of these activities of daily living listed below.

- |                          |     |    |
|--------------------------|-----|----|
| · Bathing/showering      | Yes | No |
| · Grooming               | Yes | No |
| · Nail care              | Yes | No |
| · Oral Care              | Yes | No |
| · Eating                 | Yes | No |
| · Maintaining continence | Yes | No |
| · Transferring/Mobility  | Yes | No |

Please indicate yes or no whether you have difficulty with any of the activities listed below.

- |                               |     |    |
|-------------------------------|-----|----|
| · Using a regular phone       | Yes | No |
| · Using a cell phone          | Yes | No |
| · Sending/receiving email     | Yes | No |
| · Using the computer/Internet | Yes | No |
| · Driving by oneself          | Yes | No |
| · Arranging rides             | Yes | No |
| · Using public transportation | Yes | No |
| · Meal planning               | Yes | No |
| · Cooking                     | Yes | No |
| · Cleaning                    | Yes | No |
| · Using kitchen equipment     | Yes | No |
| · Using utensils              | Yes | No |

- |                                |     |    |
|--------------------------------|-----|----|
| · Shopping for food or clothes | Yes | No |
| · Doing laundry                | Yes | No |
| · Washing dishes               | Yes | No |
| · Dusting                      | Yes | No |
| · Vacuuming                    | Yes | No |
| · Managing medications         | Yes | No |
| · Managing personal finances   | Yes | No |

For any of the items in which you circled yes, please explain the type and extent of your difficulty with these activities below:

Are there any other tasks or activities that make it difficult for you to remain safely in your place of residence? If so, please explain below.

Grants are not given directly to the applicant but are used to purchase materials, hire vendors, etc. **Hancock County Habitat for Humanity is the preferred vendor. Other vendors may be considered based on the application and the home repairs needed.**

Once this application is received and a site visit is conducted, Habitat for Humanity of Hancock County will create an invoice showing material and labor costs. This invoice will be sent to BBHCC and then monies will be disbursed. All scheduling of the work will be completed by Habitat or the assigned vendor, not BBHCC.

**Person completing the form:**

**Relation to the Applicant:**

Signature:

Date: