



PO BOX 8583
Portland, OR, 97207
503) 698-8382
www.refitportland.org

"It's about the lives we touch with the work we do. Remodeling is a powerful tool for change. This is how we impact the people around us." – Bill Markt, CR

Dear Potential Client,

Welcome to ReFIT! We are a 501c(3) independent non-profit organization. For many members of our community, limited mobility creates obstacles to living independently. For the people we serve, having a resource to meet these simple, practical needs can make the difference between remaining independent and having to seek care in an assisted living facility or adult foster home.

ReFIT is unique in that it utilizes the skills and resources of the construction industry to make homes accessible and safe. We have the special skills and resources to tackle the problems of accessibility in existing homes. A wide range of projects are possible, such as building ramps, widening doors and making other accessibility changes. Each project is tailored to the goal of enabling our clients to live independently in their homes.

Thank you for your interest in ReFIT. Please complete the Homeowner Qualification Forms included with this letter. If you have any questions please feel free to call us at 503) 698-8382.

Thank you,

ReFIT Project Committee



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MEDIA RELEASE

I hereby authorize Remodeling for Independence Together, hereafter referred to as "ReFIT", to publish photographs or videos or any reproduction whatsoever taken of me, and my name and likeness, or any property real or personal, for use in various print, online and video-based promotional and advertising materials, as well as other ReFIT related publications.

I hereby release and hold ReFIT harmless from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs, video, or any types of media or participation in company marketing materials, ReFIT publications, or third party uses. I acknowledge and agree that publication of said photos and videos confers no rights of ownership or royalties whatsoever to me personally, heirs or devisees.

I hereby release ReFIT, its contractors, its agents, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____



Homeowner Qualification Form

Name (First, Last,): _____

Address: _____

Mailing Address (if different): _____

Date of Birth: _____ Preferred Pronoun(circle one): HE / SHE/ THEY/ OTHER

Email Address: _____ (If you have one)

Phone: _____

Best way to contact you: _____

Emergency Contact: _____ Relationship: _____

Please answer the following questions (All information will be kept confidential):

- 1. Do you own and live in this home? Yes or No
If no, do you live with a family member who owns this home? Yes or No

Number of people living in Household: _____

- 2. Is this house a mobile home, trailer, or modular home? Yes or No
- 3. Is your household income at or below 80% median income? Yes or No
(Please refer to page #2)
- 4. Excluding your home and automobile, do your remaining assets exceed \$20,000.00? Yes or No
- 5. Do you have a permanent disability? Yes or No

6. What are your disability(s) _____

7. Do you qualify for any other programs? Yes or No
If yes, please list: _____

8. Case Manager (If you have one): _____
Phone: _____ Agency: _____

9. How did you hear about ReFIT, Remodeling for Independence Together?

Please describe briefly, as specifically as possible, **the work** that you are requesting we perform and how it would improve your activities of daily living (please attach additional sheet if necessary):

Criteria for Project Acceptance

- Homeowner or family member living in home must have limited mobility and/or functional limitation.
- Homeowner must have an income below 80% of the median income, per 2017. May be waived under certain circumstances.
- 1 person making \$49,250
- 2 persons making \$56,250
- 3 persons making \$63,300
- 4 persons making \$70,300
- 5 persons making \$75,950
- 6 persons making \$81,550
- The homeowner or family member is able to stay in home as a result of modification.
- The requested modifications must increase the accessibility of the home.
- The home cannot be a mobile home, or modular home. Except for a ramp

11. Income Screening. Please use monthly incomes (Please list **everyone** in your household):

Household Member	Relationship to you	Date of Birth	Source of Income	Amount
	SELF			

Expenses:

Expenses Monthly	Amount
Mortgage	
Utilities	
Health Insurance/Medical Costs	
OTHER:	

-Documents used to provide verification: Please include a copy of the front page of your most recent tax return. Please black out your social security number, **OR**

-Please include 3 months of bank statements. **OR**

-Award letters

12. By signing below I acknowledge:

(1) I understand that ReFIT exists for the purpose of helping me to remain living in my own home in a safe and accessible environment. I acknowledge their efforts are not for the purpose of remodeling my home for resale.

(2) I currently do not have any plans to sell my home within the next 2 years unless medical conditions make it necessary to do so.

(3) I agree that I will cooperate with the Project Manager and volunteer team and that I will ensure that all able bodied members of my family participate in the rehabilitation effort in some way. I give ReFIT and their volunteer's permission to come into my home for the purposes of assessing my needs and disability and evaluate the scope of work to be done.

(4) I agree to notify a representative of ReFIT at (503) 698-8382 immediately upon learning of any circumstance that would affect my financial condition as listed above, and understand that any change could affect my eligibility for program assistance.

I certify that the above information is true and correct; I further declare that I have no existing assets greater than \$20,000 over and above my residence and one vehicle.

Applicant's Signature: _____ Date: _____

Note: The selection of your home into the program depends on many factors including, but not limited to: applicant's elderly or disabled status, income level, urgency of modifications needed, the number of applications received and the availability of agency resources.

For any questions, please call our office at (503) 943-9544.

We do not discriminate on the basis of color, national origin, religion, gender, age, marital status, sexual orientation, disability, or any other basis prohibited by law. We also request that any selected applicant for our program adhere to the same non-discrimination policy when in contact with any of our volunteers, staff, or anyone acting on behalf of ReFIT.

Please remember that the purpose of our organization is to enhance the homeowners' ability to function well in his or her activities of daily living, in a safe and accessible environment, enabling them to remain in their home. Our program is **not** intended to prepare a home for resale.

Please mail to: PO Box 8353, Portland, OR, 97207

Fax: (866) 680-2689 Email: Imaslyk@refitportland.org

REFIT- Release of Information

I authorize the agency listed above to use and exchange the health information stated below for the purpose of coordination of services for me.

YES NO INITIALS Refit Staff

I hereby authorize REFIT to provide and exchange information with the following persons and entities for the purpose of coordination of services.

REFIT Volunteer Contractors

Including the following information (Circle)

History/Physical, Mental Health, Housing History, Other (_____)

For the Purpose of (Circle)

Client Care, Legal Review, Coordination of services, Other (_____)

You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. Any uses or disclosure already made with your permission cannot be undone. To revoke this authorization, please send a written statement to REFIT (ADDRESS) and state that you are revoking this authorization. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected under federal law. However I also understand that federal or states law may restrict re-disclosure of HIV/AIDS information, mental health information and drug /alcohol diagnosis, treatment or referral information. I have read this authorization and I understand it. I also understand that in cases of a medical emergency, when a clear and immediate danger to others or me exists, when there is possible child or elder abuse or when ordered by a court of law my authorization to release information is not required.

This information remains valid for 20 years from date of signing unless voided in writing

Client Parent Legal Guardian

Signature _____

Date _____