



HOUSING AUTHORITY OF THE TOWN OF SIMSBURY
1600 HOPMEADOW STREET
SIMSBURY, CONNECTICUT 06070

VIRGINIA CONNOLLY RESIDENCE CONGREGATE HOUSING

Thank you for your interest in the Virginia Connolly Residence, a Congregate Housing Community of the Housing Authority of the Town of Simsbury. In order to qualify for Congregate Housing, a person must be 62 years of age or older and meet income requirements not to exceed \$45,100.00 for one person.

Please review the attached Tenant Qualification Policy and Application Procedure, and submit to us the following completed documents which are also attached:

Application
Resident Statement
Sponsor Statement
Applicant/Tenant Information Release Statement
Physician Statement

Most of the required information is clear. However, if you need assistance in completing the application, you may call us at (860) 658-1147 Monday through Friday between the hours of 9 AM and 3 PM.

As soon as we receive your completed application, it will be reviewed. If you qualify for an apartment, your name will be placed on a waiting list. When an apartment becomes available, you will be contacted for an interview.

Sincerely,

Christine Winters
Housing Administrator

Enc.

VIRGINIA CONNOLLY RESIDENCE CONGREGATE HOUSING

APPLICATION

Name of Applicant_____

Address_____

Telephone Number_____ Social Security #_____

Date of Birth_____ Place of Birth_____

How long have you/your family lived in Connecticut?_____

SPONSOR (Family member or person responsible for the applicant)

Name_____

Address_____

Telephone Number_____ Relationship_____

OTHER RELATIVES (Please give details)

SOURCE OF INCOME

Social Security \$_____ per_____

Disability \$_____ per_____

Pension \$_____ per_____

Dept. of Income Maintenance \$_____ per_____

Interest & Dividends \$_____ per_____

\$_____ per_____

Annuities \$_____ per_____

Other Income \$_____ per_____

\$_____ per_____

TOTAL ANNUAL INCOME \$_____

ASSETS (Net Worth)

Stocks _____ Amount _____

_____ Amount _____
Bonds _____ Amount _____

_____ Amount _____
Bank Accounts _____ Amount _____

_____ Amount _____
Home (Market Value) _____ Amount _____
Other Property (Market Value) _____ Amount _____
Other _____ Amount _____
Outstanding Debt _____ Amount _____

_____ Amount _____

HOSPITAL & HEALTH INSURANCE

Blue Cross & Blue Shield Numbers _____
Other Health Insurance _____
MEDICARE Number _____

PRESENT LIVING ARRANGEMENTS (Please Describe)

HOBBIES AND SPECIAL INTERESTS (Please Describe)

STATEMENT OF HEALTH

Please describe any disabilities. Obtain a written statement from your doctor and provide medical documentation relating to the seven items under **FITNESS** in the **Tenant Qualification Policy and Application Procedure.**

I hereby certify that the foregoing statements are true and correct. Consent is given to the Simsbury Housing Authority to obtain verification of all information contained herein. I agree to notify the Simsbury Housing Authority immediately should there be any change in the above information.

Applicant Signature _____

Date _____



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LANDLORD REFERENCES

Applicant's Name Date

If current address is less than three years, you must provide previous Landlord information.

1) Current Address: _____

Current Landlord Name: _____

Address: _____

Phone No.: _____

2) Previous Address: _____

Landlord Name: _____

Address: _____

Phone No.: _____

3) Previous Address: _____

Landlord Name: _____

Address: _____

Phone No.: _____

4) Previous Address: _____

Landlord Name: _____

Address: _____

Phone No.: _____



"The Housing Authority of the Town of Simsbury is dedicated to providing affordable, safe, decent, sanitary and drug free housing for its residents."



VIRGINIA CONNOLLY RESIDENCE CONGREGATE HOUSING

PHYSICIAN STATEMENT

Client's Name_____

The above named person is applying for residence in a housing complex designed for frail elderly persons. It is important that each resident be able to maintain him/herself in an independent manner without endangering either him/herself or others, in order to benefit from our facility's supportive services. It is equally important that each resident be emotionally stable, suited and capable of close community living, since the welfare and peace of mind of many other persons is involved. This information is **confidential**. Kindly complete and mail this form directly to the above address.

Patient's Name_____Birthdate_____
Address_____

Height_____Weight_____Vision Impaired?_____Hearing Impaired?_____
How?_____

Blood Pressure_____Pulse_____

Is patient being treated for high blood pressure?_____

Do any abnormal conditions exist for the following?

Back_____Breasts_____Feet_____

Skin_____Lungs_____Heart_____

If yes, explain condition_____

Use of heart pacer?_____Use of walking aid?_____Use of oxygen?_____

Limitations/special precautions_____

Medication 1 _____Condition_____

Medication 2 _____Condition_____

Medication 3 _____Condition_____

Drug Allergies_____

Continued on other side

Date of last illness _____ Date of last hospitalization _____

Any history of alcoholism? _____

Any history of emotional illness? _____

Additional medical information _____

How long have you known patient? _____

Mental Status: Normal _____ Forgetful _____ Confused _____ Disoriented _____

Details _____

Disabling conditions _____

Nursing care or supervision required _____

Special therapy or treatment required _____

Special diet required _____

Additional information _____

Do you feel that this patient is capable of independent living? _____

Notes: _____

This is to certify that on (date) _____, the above named was given a physical examination by me and that a record of my findings is on file in my office.

Name _____

Address _____

Telephone _____ Medical License # _____

Signature _____ M.D.



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VIRGINIA CONNOLLY RESIDENCE CONGREGATE HOUSING
APPLICANT/TENANT INFORMATION RELEASE STATEMENT

I understand that the Housing Authority of the Town of Simsbury is required by Connecticut State Law to verify income and information relative to all applications for admission to the Elderly Housing Program and to re-examine annually the income of all tenants.

I hereby authorize the Housing Authority of the Town of Simsbury to obtain and/or verify any information relative to my application, or re-examination for continued occupancy. I also give permission for the Housing Authority to obtain information concerning my financial obligations, landlord references or medical expenses. I also authorize the Housing Authority to conduct credit and criminal background checks.

I authorize permission for the release of information regarding character references and medical history, including disability, frequency and duration of treatment, and information required to establish evidence of rehabilitation or my ability to independently maintain my apartment.

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority of the Town of Simsbury and will stay in effect until terminated in writing by the undersigned.

SIGNATURE_____

WITNESS_____

DATE_____

Affirmed and sworn to before me this _____ day of _____ 20____.

NOTARY PUBLIC



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VIRGINIA CONNOLLY RESIDENCE CONGREGATE HOUSING

RESIDENT STATEMENT

I _____ understand that Congregate housing is for the frail elderly capable of independent living who require limited services and assistance to continue to maintain independence.

I agree and understand that at such time as I am not capable of independent living, due to increased disability either physically or mentally, as determined by the Housing Authority of the Town of Simsbury, and require more services and assistance than is offered in the Congregate program, I will make the necessary arrangements to move to a facility that will better suit my needs. Furthermore, I will notify the management of the Virginia Connolly Congregate Residence of my plans for relocation fifteen days prior to my departure.

SIGNATURE_____

WITNESS_____

DATE_____

Affirmed and sworn to before me this _____ day of _____ 20_____.

NOTARY PUBLIC



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SPONSOR STATEMENT

I _____ agree to be responsible for the care of _____. My responsibilities will include being the contact person in case of problems or emergencies regarding _____ and assisting the Virginia Connolly Residence during these problems or emergencies when requested.

Furthermore, I understand that if _____ becomes incapable of independent living due to increased disability, either physically or mentally, as determined by the Housing Authority of the Town of Simsbury, I will assist (when I am requested) in relocating _____ to a facility better suited to his/her needs.

I understand that I am not responsible for any financial obligations. My responsibility is assisting in the care of _____ when necessary.

NAME _____ PHONE # _____

ADDRESS _____

SIGNATURE _____

WITNESS _____

DATE _____

Affirmed and sworn to before me this _____ day of _____ 20_____.

NOTARY PUBLIC

VIRGINIA CONNOLLY RESIDENCE CONGREGATE HOUSING

TENANT QUALIFICATION POLICY AND APPLICATION PROCEDURE

WHAT IS CONGREGATE HOUSING?

State of Connecticut Regulations define "Congregate Housing" as a form of residential environment consisting of independent living assisted by congregate meals, housekeeping and personal services, for persons 62 years of age or older, who have temporary or periodic difficulties with one or more essential activities of daily living such as feeding, bathing, grooming, dressing or transferring.

Congregate services **shall include:**

1. Individual apartment accommodations without shared kitchen or bath facilities.
2. One main meal a day in the facility's main dining area.
3. Housekeeping services up to four times per month.
4. Twenty-four hour emergency security.

Congregate services **do not include:**

1. Rehabilitation services.
2. Nursing services or supervision for any purpose including but not limited to administration and monitoring of medications.

There are health and behavior guidelines, and income restrictions for applicants and tenants.

TENANT SELECTION

Prospective residents must first submit an application which includes the following documents:

1. Application - generally covers personal, financial and health information.
2. Resident Statement - basically certifies that the applicant understands and will abide by the Tenant Qualification Policy.
3. Sponsor Statement - sponsor agrees to assist the Housing Authority of the Town of Simsbury in emergencies and as problems may occur. Will assist in the event the tenant is required to move from the Virginia Connolly Residence.
4. Applicant/Tenant Informational Release Statement - release for the Housing Authority of the Town of Simsbury to obtain personal, financial and medical information.
5. Medical Report - Physician's opinion regarding the applicant/tenant's present physical and mental health, and ability to live independently.

Those applicants whose applications indicate they may fall within the acceptable criteria will be invited to the Housing office for an interview.

Continued on other side

Further assessment of the applicant will be made at the time of the interview. The applicant's responses will provide valuable insight into his/her ability to adapt to the congregate housing environment. At that time policies of the congregate housing complex may also be discussed, such as leasing arrangements and Tenant Qualification Policy.

FITNESS

Although congregate housing is for the elderly with impairments and disabilities that prevent them from living independently, there are minimum physical and functional abilities for simple daily living activities which are mandatory for acceptance into the Virginia Connolly Residence and for continued tenancy.

Applicants and tenants must be:

1. Ambulatory - with or without mechanical aids.
2. Able to get in and out of bed by him/herself - mechanical aids permitted.
3. Able to dress him/herself - including fastening and removing clothing, braces, artificial limbs.
4. Able to feed him/herself.
5. Able to use toilet facilities by him/herself. This refers to the process of getting to and from the bathroom, transferring on and off the toilet and cleaning after elimination.
6. Able to manage medications.
7. Mentally alert and not in jeopardy of senility.

EXIT PROCESS

A resident may be required to terminate his/her stay if one or more of the following conditions exists:

1. The tenant develops a chronic illness which requires continual nursing care.
2. The tenant becomes dependent on human assistance to perform any one or more of the daily living activities listed above under **FITNESS**.
3. The tenant becomes disoriented and in need of routine supervision.
4. The tenant becomes abusive to the other residents, staff or visitors.
5. The tenant's income no longer meets the legal requirement.

Additionally, every six months each tenant will provide an updated Physician's Statement and each year an updated application to the Authority. An assessment team will review these submissions and may interview the tenant to determine if his/her personal and financial circumstances, and physical and mental health fall within the defined parameters of residency at the Virginia Connolly Residence.

The conditions under which residents may be required to terminate their stay will be explained to the tenant during an interview with the Executive Director. Also, the appropriate family member(s) will have been identified and communication established. If at the time of exit there are no responsible adults to take charge, procedures to appoint a conservator may have to be initiated.

Any changes in living conditions, such as the exit from congregate housing, can be a traumatic experience for the elderly, especially the physically or mentally frail elderly. Therefore, the resources of public and private social services organizations may have to be called in to assist the senior and his/her family in making the transition as painless and unthreatening as possible.