Office of Aging and Disability Services

Accessible Home Attachment Pilot Program

Thank you for your interest in the Accessible Home Attachment Pilot Program.

The State of Maine Office of Aging and Disability Services (OADS) is facilitating the Accessible Home Attachment Pilot Program, in partnership with WheelPad L3C. The department has a limited number of SuitePAD units for the purpose of this pilot program. SuitePAD is an accessible bedroom and bathroom addition for your home.

The intention of this pilot is to aide individuals in creating needed accessible spaces within their homes.

Enclosed is an application to participate in the Accessible Home Attachment Pilot Program. Please read the materials thoroughly, complete the application, and review for accuracy prior to submission. *A completed application will generate a review and does not guarantee receipt of an Accessible Home Attachment. *

Eligibility and requirements:

- **Applicants must be a recipient of Waiver Services (18, 21, or 29).**
- **Applicant must have an identified need for modification to a home environment to meet their mobility needs.**
- **Applicant must be able to demonstrate proof of ownership; if the home is owned by someone other than the applicant, proof of ownership and a statement of intent to allow the addition from the property owner must be included.**
- **Applicant will need to work with their local town office and code enforcement officer for building permits. Wheelpad L3C is available for assistance navigating this. Proof that the municipality will allow the addition must be provided.**
- **Any outstanding property taxes must be paid in full prior to receipt of an Accessible Home Attachment.**
- **The individual must hire a contractor to connect the Accessible Home Attachment to their home. Proof of a signed contract will need to be provided.**
  (Should the Accessible Home Attachment be granted and remain unattached to a home after a period of six months the Office of Aging and Disability Services retains the right to revoke the Accessible Home Attachment for other purposes).

Please submit the completed application and any additional materials to the Office of Aging and Disability Services at:

OADS.Housing@maine.gov

Application enclosed

Office of Aging and Disability Services

APPLICATION FOR ACCESSIBLE HOME ATTACHMENT PROGRAM

Application Number:
Date of Application:
(Above to be filled in by State of Maine Staff Only)

Applicant Information

First name:	M.I.	Last name:
DOB:		
Phone #:	Email:	
Guardian (if applicable):		
Phone #:	Email:	
Which Home and Community Services Waiver is the applicant enrolled in? (●) Section 18 ( ) Section 21 ( ) Section 29		
Does the applicant have an identified need for modification to a home environment to meet their physical disability? ( ) YES or (●) NO		
Does the applicant's current residence have an accessible bedroom/ bathroom? ( ) YES or (●) NO		

Residence Information

What is the address of the home where the applicant intends to utilize the Accessible Home Attachment? Street Address: City/Town: County:
Who owns this home?
What is the applicant relationship to the property owner?
If the applicant is not the owner of the above property, does the applicant currently reside at this home now? ( ) YES or ( ) NO
If YES, Length of time residing at this address?
If NO, what is the applicant's current address? Street Address: City/Town: County:
Length of time residing at this address:

Has the applicant/owner of the property had any tax liens filed against the property in the last 7 years? ◯YES or ◯NO If yes, a discharge notice must be provided. **An Accessible Home Attachment cannot be provided if there are outstanding property taxes.*
If enrolled as a participant in the Accessible Home Attachment Program, would the consumer agree to participate in financial counseling? ◯YES or ◯NO *(As part of this program, financial counseling will be offered to assist in long term financial planning for maintenance of the Accessible Home Attachment.)*

Statement of need

Applicants: Please describe how receiving an Accessible Home Attachment would make a difference.

CERTIFICATION

I understand that this is an application for an Accessible Home Attachment. I understand that as the recipient of the Accessible Home Attachment, I will be responsible for finding and financing a contractor to connect the unit to a primary residence. ** I am aware that WheelPad L3C will be available to assist with permitting questions. I authorize the State of Maine Office of Aging and Disability Services to review this application and request additional information needed to process this request. I understand the need to show a permit authorizing the addition from my local town office. I understand that following receipt of the Accessible Home Attachment at no cost, the financial responsibility for ongoing maintenance will belong to the recipient and not the State. I attest that the residence I intend to attach the Accessible Home Attachment to is habitable. I attest that all information above is correct and understand that any misrepresentation could result in denial from this pilot program.

Signature of Applicant:_____ Date:_____

Signature of Guardian (if applicable):_____ Date:_____

**If you're being reviewed for this pilot program but feel you may not qualify due to lack of financing for a contractor, please make a request for resources when your application is being reviewed.

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