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_______________________

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

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.: _______________________________________________
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.
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
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
VIRGINIA CONNOLLY RESIDENCE CONGREGATE HOUSING

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 fours 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 - Physicians 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.
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.