

QALIPU FIRST NATION HOME ACCESSIBILITY SUPPORT PROGRAM APPLICATION ELIGIBILITY AND GUIDELINE

Introduction:

Qalipu First Nation Home Accessibility Support Program serves as a basis to provide financial support opportunities for band members with respect to housing retrofits and modifications to increase accessibility, functionality, sustainability, longevity, and ensure a safe living environment for those members living with disabilities. Successful applicants are eligible to receive up to a maximum of \$2,500.00 in assistance per application as program funding is limited.

Program Eligibility:

- Applicant and/or Co-Applicant must be a registered member of Qalipu First Nation*
- Applicant and/or Co-Applicant are required to be a resident of Newfoundland and Labrador
- Applicant is required to provide proof of combined annual income
- Applicant is required to provide proof of home ownership or lease/rental agreement**
- Applicant is required to provide sales quotes including total cost of materials, supplies, and labour
- Signed Occupational Therapy/Professional Letter of Recommendation is required

Application Process:

- Limit of one application per household. Duplicate applications will not be reviewed. In the event duplicate applications are received, Qalipu First Nation (QFN) will consider the first application received as the valid submission.
- All applications require name, accurate mailing address/street address (if different from mailing address), Band registration #, phone number and/or email address, and supporting documentation such as proof of home ownership and/or lease/rental agreement, and proof of combined annual income
- Completed applications along with **ALL** supporting documents must be mailed to:

**Qalipu Mi'kmaq First Nation Band
3 Church Street
Corner Brook, NL A2H 2Z4
Housing Division**

- Faxed applications will **NOT** be processed, and a mailed copy will be requested
- QFN Home Accessibility Support Program application collection will be open to members from April 4th to May 31, 2022. Applications **MUST** be received on, or post marked by May 31, 2022.
- Review of applications will take place June 1st to June 15, 2022.
- If you have any questions or require support regarding your application, please email: thulan@qalipu.ca or jpark@qalipu.ca OR call (709) 634-3176 or (709) 634-0411

**A co-applicant can be the homeowner who is not a member of the band, and is applying for their live-in dependent, who is a registered band member. Additionally, a co-applicant can be a member of the band applying for a dependent, who is not a registered member of the band.*

Please note: If housing ownership or leasing/rental agreement is in the name of a non-member spouse or partner (co-applicant), it will be necessary to provide further documentation to support that you are a resident of the same household.

*** Registered Band Members that are not homeowners but who are leasing/renting a living space may have limitations within their landlord lease/rental agreements. Due to this factor, the applicant may only be eligible for retrofits and modifications that would be permitted by the landlord and a letter of consent may be required.*

An Occupational Therapist's report is required clearly indicating whether modifications are urgent or non-urgent. Note: Urgent modifications are required for client to return/remains in their home. Where extenuating circumstances exist, a report prepared by a qualified medical professional other than an occupational therapist may be accepted.

Are you in need of any follow up or additional mental health care support?

YES

☐

NO

☐

Section 5 - Declaration

1. I certify that I am a member of Qalipu First Nation
2. I/We declare the above information provided in this application to be complete and true.
3. I/We understand that the information provided in this application is being collected for the purpose of administering Qalipu First Nation Housing Development Programs and is in accordance with Qalipu First Nation client information confidentiality.
4. I/We understand that this application does not constitute an agreement by Qalipu First Nation to provide housing assistance.
5. I/We hereby grant Qalipu First Nation and/or its agents, permission to carry out an inspection of my/our property.
6. I/We authorize Qalipu First Nation to investigate any or all the statements made herein, being fully aware that discovery of any false statements will cancel this application. I/We further agree that such action by Qalipu First Nation will be without penalty or liability for damages.

Before signing, please verify that **ALL** required supporting documents have been attached:

- ☐ Proof of combined household annual income
- ☐ Proof of home ownership and/or lease/rental agreement
- ☐ Price quotes for materials and labour
- ☐ Signed Occupational Therapy/Professional Letter of Recommendation

If ALL required supporting documentation is not attached with application, then the application MAY NOT be reviewed or processed.

Name of Applicant

Date

Signature of Applicant

Name of Co-Applicant

Date

Signature of Co-Applicant

Please mail this completed application along with supporting documents to:

**Qalipu Mi'kmaq First Nation Band
3 Church Street
Corner Brook, NL A2H 2Z4
Housing Division**

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**OCCUPATIONAL THERAPY / PROFESSIONAL LETTER OF RECOMMENDATION
QALIPU FIRST NATION HOME ACCESSIBILITY SUPPORT PROGRAM**

CLIENT INFORMATION	
Name of Client:	Date of Birth:
Address:	
Telephone Number:	Email:
CONTACT INFORMATION	
Contact person for client, if not client:	
Address:	
Telephone Number:	Email:
Relationship to Client:	
ASSESSMENT	
Date of referral to Occupational Therapy:	Date of assessment: <input type="checkbox"/> Completed in client's home <input type="checkbox"/> Completed in hospital <input type="checkbox"/> Other: _____
Client's functional needs related to home modifications:	
<input type="checkbox"/> Urgent - (Modifications to address serious medical conditions where if not corrected immediately would jeopardize the client's ability to return/remain at home without the repairs/modifications completed) <input type="checkbox"/> Regular - (Modifications that aid independent living for the foreseeable future. These repairs if not corrected may cause some discomfort, but immediate action is not required.)	
Use of wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommended modifications:	
Pictures Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sketches Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Other information attached:	
Consultation requested with Qalipu First Nation Housing Staff before approval of modifications: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Occupational Therapist or other professional:	
Telephone:	Email:

Signature

Date