

## Home Assessment Planning Pilot Application Burnett, Washburn & Polk Counties

This pilot program is designed to help households identify home safety, accessibility, and repair concerns before they become larger issues. Assessments are conducted by a Certified Aging in Place Specialist (CAPS) with experience in housing, accessibility, home repair, and rural housing challenges, and include a written home report with recommendations and possible resource connections.

Many homeowners wait until a repair becomes urgent or overwhelming before seeking help. This pilot program is designed to help households plan ahead, identify concerns early, and better understand options for maintaining a safe, healthy, and comfortable home over time.

This program is available to homeowners of all income levels. A sliding fee scale is available for lower-income households and households with residents age 65 and older. As a pilot initiative, participant feedback may help shape future services and expand proactive housing support opportunities in rural Northwest Wisconsin.

### This program may be helpful if:

- You want to safely remain in your home as you age
- You have noticed maintenance or accessibility concerns
- You are caring for an older adult or family member with health concerns
- You recently experienced a health change, injury, or mobility challenge
- You want guidance before small issues become major repairs
- You are planning for long-term comfort, safety, and independence

This assessment is not a code inspection, appraisal, or guaranteed approval for repair funding. Instead, it is intended to provide education, planning guidance, and resource connections tailored to your household and home.

### Program Overview

#### What to Expect

- A 30 minute to 1 hour onsite home assessment
- Review of home safety, accessibility, maintenance, and repair concerns
- Discussion of current and future household needs
- Written home assessment report with recommendations
- Information about possible resources and repair assistance programs, including Habitat's Housing Plus programs

### Assessment Fees

Household Type	Fee
Standard Assessment Fee	\$100
Low-Income and/or Adult Households 65+	\$35 Sliding Scale

*No household will be turned away due to inability to pay.*

**Applicant Information**

**Primary Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Household Member Name(s):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**County:**  Burnett  Washburn  Polk

**Primary Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Preferred Contact Method:**  Phone Call  Text Message  Email

**Approximate Total Household Annual Income:**

Under \$20,000  \$20,000–\$39,999  \$40,000–\$59,999  \$60,000–\$79,999  \$80,000+

**Is anyone in the household a veteran?**

Yes  No

**Is anyone in the household living with a disability?**

Yes  No

**How did you hear about this program?**

Healthcare Provider  Senior Center/Aging Office  Veteran Services Office  Social Media  Friend or Family   
County or Community Agency  Wild Rivers ReStore  Website  Other:

\_\_\_\_\_

**Do any household members:**

Use mobility aids (walker, wheelchair, cane, etc.)?  Yes  No

Have difficulty with stairs, bathing, or daily activities?  Yes  No

Have medical, safety, or accessibility concerns related to the home?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## Home Information

### Type of Home

Single Family Home  Manufactured/Mobile Home  Duplex/Townhome  Other:  
\_\_\_\_\_

### Do you:

Own the home  Own the home with a mortgage  Other: \_\_\_\_\_

Year Home Was Built: \_\_\_\_\_ Approximate Number of Years Living in the Home: \_\_\_\_\_

### Is the home currently insured?

Yes  No

### Are property taxes current?

Yes  No

### Are utilities currently active?

Yes  No

## Assessment Concerns & Goals

Please check any concerns you would like reviewed during the assessment:

### Safety & Accessibility

Bathroom safety  Grab bars/railings  Fall hazards  Entry accessibility  Ramp or stair concerns  Lighting concerns  Flooring/tripping hazards  Emergency exit concerns  General accessibility planning

### Maintenance & Repair Concerns

Roofing  Windows/doors  Plumbing  Electrical concerns  Heating/cooling  Insulation/weatherization  Siding/exterior  Foundation/structural concerns  Moisture/mold concerns  Deck/porch concerns  Other:  
\_\_\_\_\_

Please briefly describe your biggest concerns or goals for the home:

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What are your top three priorities for your home?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Are there areas of the home that are becoming harder to use or maintain?**

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**Do you hope to remain in this home long-term?**

Yes  No  Unsure

**Would you like information about additional community resources or services?**

Yes  No

### **Scheduling Information**

#### **Preferred Days for Assessment**

Monday  Tuesday  Wednesday  Thursday  Friday

#### **Preferred Times**

Morning  Afternoon  Flexible

**Are there pets in the home?**

Yes  No

**Is there anything staff should know before visiting the home?**

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### **Applicant Acknowledgement**

I understand that:

- This assessment is educational and planning-focused in nature.
- Completion of an assessment does not guarantee funding or repair assistance.
- Recommendations provided are advisory and intended to help households prioritize future improvements.
- Wild Rivers may connect households with community resources or Habitat programs when appropriate.
- Information provided on this form will be kept confidential to the extent allowed by law and used for program purposes.
- I authorize Wild Rivers to photograph home conditions for internal documentation, program planning, grant reporting, and funding purposes. No identifying information will be publicly shared without additional permission.
- I authorize Wild Rivers Habitat for Humanity to coordinate with partner agencies, contractors, or funding programs when appropriate to help identify possible resources or assistance opportunities.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_