

PASA Home Safety Assistance

- PASA will use funds to improve home safety of seniors living in Monroe County and Carbon County. Home environment assessments, recommendations, and related services will be provided to Applicants free of charge.
- Funding may be sourced, in whole or in part, from PASA fundraising events, donations to PASA, and/or PASA membership fees.
- 2025 Goal: provide assistance to at least one Applicant by the end of the year, spending no more than \$500 of PASA funds in total.
- Referral process: start with recommendations from PASA members who have vetted Applicants for need of free services. Applicants will be placed on a wait list and served in the order in which their completed applications are received.
- Intended Applicants: Pocono Area Seniors (residents of Monroe County or Carbon County, aged 65 years and older) with limited financial resources who do not qualify for home modifications through health insurance and government programs.
 - At this time, PASA will not require any proof of income or financial resources due to privacy and ethical issues that may arise from requesting, receiving, documenting, and storing any financial information.
- For hardware installation: Applicants must own the property OR receive written approval for the proposed home modifications from property owner
- PASA may purchase one or more of the following products:
 - Shower chair ([this product or similar](#))
 - Tub bench ([this product or similar](#))
 - Motion sensitive lights ([this product or similar](#))
 - Remote controlled outlets (the below products or similar), typically used to control lamps to prevent the need to walk in the dark
 - [One outlet per remote](#)
 - [Three outlets per remote](#)
 - [Five outlets per remote](#)
 - Anti slip tape ([this product or similar](#))
 - Reacher
 - Sticky reacher ([this product or similar](#))
 - Grabber reacher ([this product or similar](#))
 - Wall-mounted shelf, and supplies required for installation
 - Grab bar ([this product or similar](#)), and supplies required for installation
 - Drop down grab bar ([this product or similar](#)), and supplies required for installation
 - Storage grab bar ([this product or similar](#)), and supplies required for installation
 - Toilet paper roll grab bar ([this product or similar](#)), and supplies required for installation
 - Towel rack grab bar ([this product or similar](#)), and supplies required for installation
 - *Note weight capacities of grab bars, shower chairs, and tub benches; confirm user weight prior to installation*
- Home modifications after December 31, 2025 may be funded by donations, sponsorship, and fundraising events, in addition to PASA general funds as appropriate.
- Relevant services (including recommending and installing the above identified items) will be provided free of charge by qualified professionals with appropriate liability insurance(s). PASA members have first right of refusal to be the service providers. PASA members involved in these projects will receive no financial compensation for these services. Involved members may receive public recognition and promotion for their efforts and donated services, from PASA and/or other entities.
- Applicants (or their legal representatives) must sign the Consent and Waiver Form and Photo/Video Consent Form prior to receiving any services.

PASA Home Safety Assistance Application

The Pocono Area Senior Alliance (PASA) wants to provide home safety assistance to Pocono Area Seniors, free of charge Applications will be reviewed in the order in which they are received.

Applicant name: _____ **Date of birth:** _____

Phone number: _____ **Email address:** _____

Home address: _____

If home is rented or leased, please provide name and contact information of landlord/homeowner:

PASA and professionals involved in the provision of home safety services may contact, communicate, and share information with the above listed individual(s) if necessary in the home safety assistance process.

Names of legal representatives and/or individuals involved in Applicant's health and safety (optional):

PASA may contact, communicate, and share information with any and all individuals listed above in order to initiate, provide, and complete free home safety services.

Tell us about your home safety concerns (optional): _____

Signature of Applicant or Legally Responsible Person

Date

Printed Name of Above

Relationship to Applicant

Applicant Consent and Waiver

I, _____ (Applicant) agree to the following:

I am aware that the Pocono Area Senior Alliance (PASA) will coordinate professional services within a limited scope to assist me in my goal of safely aging in place. The limits of the scope of services are determined by PASA and the involved professionals as appropriate per my needs, available funding, and all applicable laws and regulations. These services may include home environment assessments, recommendations for items and/or environmental modifications, and the provision of some or all recommended items and/or modifications. This may include indoor and outdoor spaces. I understand that these services are not considered healthcare services. I understand that my engagement in these services may carry the following risks: physical pain and discomfort, physical injury and stress, falls and property damage. I understand these risks are not exhaustive and that there may be other, more remote risks and consequences. I have been advised that a more detailed explanation will be given to me if I so desire, and I do not want further explanation. I have received no guarantees from anyone of the results that may be obtained. I hereby consent to receiving these services.

Information regarding my application and any subsequent services may be documented on paper and/or electronically.

In consideration of being allowed to receive the services described above, I do hereby waive, release and forever discharge PASA and all involved organizations, businesses, groups, professionals, individuals, representatives and all others acting on its behalf, their successors and assigns (the "Released Parties"), from any and all claims or causes of action (known or unknown) for any and all injury, illness, damage or loss that may occur to me or my property as a result of my receipt of services, including, but not limited to, my use of any recommended services or devices, whether or not said injury, illness, damage, or loss is caused in whole or in part by the negligence of any of the Released Parties. I intend for the foregoing waiver, release and discharge to be binding upon my heirs, executors, administrators, successors and assigns.

This consent and authorization given as set forth above will remain in full force and effect until terminated in writing by me or my authorized representative. This termination will not be effective until PASA and all other involved parties receive this request in writing.

By my signature below, I hereby certify that I have read, understand, and fully agree to each of the statements in this document; that all of my questions have been answered to my satisfaction; and that I sign below freely and voluntarily.

Signature of Applicant or Legally Responsible Person

Date

Printed Name of Above

Relationship to Applicant

Photo/Video Consent (Optional)

Applicant Name: _____

I hereby give my consent to have photographs, videotaped images, or other images made of myself or my family member and/or consent to interviews with a member of the news media, members or representatives of the Pocono Area Senior Alliance (PASA), or a person selected by PASA. I understand and agree that these images may be used by the news media or by PASA for the purposes outlined below:

Marketing, publicity and community education relating to PASA and the services it offers, including without limitation: public relations and advertisements (print, broadcast and web-based, including networking sites such as Facebook, YouTube and LinkedIn, etc.); publications (newsletters, brochures and annual reports, etc.); fundraising solicitations; and PASA’s website.

I have been informed that I may request that the recording and/or filming may be stopped at any time.

I have been informed that this consent can be rescinded, when such request is provided in writing, for up to a reasonable time before the recording or film is used.

I hereby waive any and all rights, compensation, royalties, or other payment in connection with photos/videos taken by PASA, its designees, and all parties involved in the provision of free services; and such photos shall remain the property of PASA and all parties involved in the provision of free services.

I hereby release PASA and all involved parties, their members, employees, agents, and successors and assigns from any liability connected with the use or release of these photos/videos and/or conducting these interviews.

Signature of Applicant or Legally Responsible Person

Date

Printed Name of Above

Relationship to Applicant