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Safe and Healthy Home for Seniors
Verification of Condition/Limitation

Funded by the Government of Manitoba's Department of Health, Seniors and Long-Term Care, the Seniors Home Modification Grant Program provides funding for basic home modifications. By reducing or eliminating physical barriers which create life safety risks, modifications, adaptations, and devices enable seniors with mobility restrictions to remain in their homes and age-in-place longer.

An eligible Applicant must:

- ✓ have a permanent ongoing or recurring condition/limitation that impedes mobility and results in substantial restrictions in activities of daily living (eating, bathing, toileting, transferring, and mobility) and/or getting in and out of your home to access essential medical care or community services

Applicant Information:

This is the person applying for funding for modifications adaptations and device

Date of Birth:	
First Name:	
Preferred Name (if different):	
Last Name:	
Phone Number:	

What is the client's condition/limitation?

What mobility device is the client using in the home?

How does their condition/limitation impact their ability to independently complete activities of daily living such as eating, bathing, toileting, transferring, and mobility?

What is your recommendation of devices, adaptations, or modifications to remove this barrier?
Please note if your recommendation is for modifications (entry/exit, lift chairs, or bathroom modifications), please indicate what equipment has been trialed and why it is not suitable.

If you are recommending bathroom modifications (construction) on the second floor, please describe the mechanics on how the client will manage the stairs safely and independently to access the bathroom located on another level. Please also describe the plan to address the level-to-level change within the home and the long-term plan for the client when they can no longer manage the stairs.

What internal and external supports (people or services) are available to the client

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I have reviewed the clients request for modifications, adaptations, and devices and agree that it will help the client, check all that apply:

- ☐ complete ADLs independently
- ☐ complete ADLs with support from others
- ☐ complete basic and essential transfers in the home independently
- ☐ complete basic and essential transfers in the home with support
- ☐ be independently mobile at home
- ☐ be mobile at home with support from others
- ☐ be independently mobile in the community
- ☐ be mobile in the community with support from others
- ☐ would remove or minimize a life safety risk
- ☐ would prevent hospitalization/institutionalization by assisting the individual to continue living safely in their home (with or without assistance)
- ☐ would allow discharge from hospital/institution by assisting the individual to continue living safely in their home (with or without assistance)
- ☐ would avoid loss of employment and income
- ☐ would allow a caregiver to meet the responsibilities of caring for a senior(attend medical appointments, therapy, and community activities etc.).
- ☐ would support participation in developmental/community activities (Examples: to attend, church, volunteer work, community activities, etc.).

Healthcare Professional's Information

To contact you about your recommendations for modifications, adaptations and devices

Manitoba Health Regulator Category	
Name of Practice	
First Name:	
Last Name:	
Mailing Address:	
City & Postal Code:	
Phone:	
Email Address:	

Signature:	Date: