



# Aging In Place



**Habitat for Humanity Metro Maryland offers Aging-In-Place services for income qualified individuals in Montgomery and Prince George's Counties.**

Services may include the following based on availability:

- Help with functional limitations
- Fall prevention and recovery strategies
- Assistive devices to improve mobility such as raised toilet seats and seats for showers
- Structural adaptations such as grab bars and securing cords and rugs

And minor home repairs such as fixing holes in floors, tightening handrails on stairways, and improved lighting.

**To be eligible, one must:**

- Be at least 65 years old
- Reside for at least one year in a home covered by current homeowners policy
- Have difficulty performing at least one activity of daily living (dressing, bathing) or difficulty with instrumental activities of daily living (eg. housework, meal preparation, taking medicine as prescribed)
- Be income qualified (income for each individual participant cannot exceed \$42,500 per year)
- Be willing to complete surveys and questionnaires administered by HFHMM staff
- Be willing and able to participate in meetings with an Occupational Therapist and a Registered Nurse focused on your goals
- Due to strict program regulations neither active cancer patients, nor individuals diagnosed with dementia and Alzheimer's can be deemed eligible for the CAPABLE program

For more information visit: [www.HabitatMM.org/home+repair](http://www.HabitatMM.org/home+repair)

Or Contact: Rebecca Arce, Repair Coordinator at [Rebecca.Arce@HabitatMM.org](mailto:Rebecca.Arce@HabitatMM.org) or (301)990-0014x19

**To participate in this program, return this flyer to the following postal address or complete the form on our website [www.habitatmm.org/repair-inquiry](http://www.habitatmm.org/repair-inquiry):**

Habitat For Humanity Metro Maryland  
Aging In Place Program  
8380 Colesville Road, Suite 700  
Silver Spring, MD 20910

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Optional) Are you or is someone in your household a veteran?      Y      N

(Optional) Are you or is someone in your household a senior?      Y      N

Briefly describe your challenge of daily living as it relates to housing: \_\_\_\_\_