

Independent Living Declaration (required for residency)

**Reviewed and Approved as Independent Living Requirements by Board for Stipend Fund 2.7.18;
Approved by Board for All Applicants for Residency as Independent Living Requirements 10.30.20;
Approved by Board as Independent Living Declaration 03.01.21; Revised and Approved by Board 9.29.23;**

Each Applicant/Resident must complete separately.

Failure to provide information could result in denial of your application or jeopardize your residency at Alder Springs.

Overview

A private, nonprofit facility, Alder Springs Deaf & Blind Community is an independent living apartment community. Alder Springs does not provide care or services to residents and does not have an on-site supervisor or employee.

Living at Alder Springs requires a certain level of independence that is outlined below. Proof of ability to live independently is one of the application requirements for residency. All residents must demonstrate this ability during their residency. This Independent Living Declaration is an essential element in making that determination.

Independent Living describes an individual who successfully manages daily activities including (but not limited to) preparing meals, maintaining personal hygiene, managing medications, completing household chores, driving/coordinating transportation, maintaining personal finances, and living harmoniously in community. It includes individuals who enjoy and/or need in-home assistance. This does not include reliance on other Alder Springs residents.

This Independent Living Declaration assists the Alder Springs Board of Directors in determining the ability to live independently. The Board reserves the sole right to make the final determination in all matters related to an applicant's/resident's ability to live independently at Alder Springs.

The Alder Springs Board of Directors utilizes non-family references (and others) and this Independent Living Declaration to determine at any time to its satisfaction an applicant's/resident's ability to live independently. Additional consideration is given to Blind and Deafblind applicants/residents. During the application process, an on-site interview might be requested.

Independent Living Capabilities – Applicant/Resident Responses

Applicant/Resident should initial (first and last initials) each item to which he/she agrees.

- Able to live alone including with qualified in-home assistance.
- Able and willing to consistently follow all the Rules & Regulations and Residential Rental Contract provisions.
- Able and willing to accept and follow services and requirements of qualified in-home assistance providers.
- Able to live agreeably in a peaceful, secure community of peers respecting the privacy and peace of other Alder Springs residents and their visitors.

- Able to responsibly and reliably manage financial needs and demands (including with the assistance of qualified providers).
- Willing to provide and update a complete list of names and contact information of all persons/agencies providing in-home **and other** assistance.
- Able to manage daily health needs including medications, medical regimens, hygiene, etc.
- Able to plan and serve adequate meals daily.
- Able to take care of all shopping needs.
- Able to utilize essential telephonic/electronic communications devices without assistance.
- Willing to utilize the Resident Portal feature of the Alder Springs website.
- Able to provide for all transportation needs.
- Able to “keep house” and manage laundry needs.

Considering the above items, state your current Independent Living status
(check the best description, provide Other information if necessary)

- I now live alone independently and do not need in-home assistance.
- I now live independently and share a residence with another person(s).
- I now live independently with in-home assistance as needed.
- I now live independently with scheduled in-home assistance.

Other _____

Information for Emergencies

I understand that in the event of an emergency, Alder Springs may need to contact designated individuals. I understand that the information requested below facilitates that and would be an extra safeguard for me.

Personal Legal Documents (Answer Yes or No to every item)

- I have a current will.
- I have a signed Healthcare Power of Attorney.
 - I am willing to attach a copy of this Healthcare Power of Attorney to this Independent Living Declaration for Alder Springs to keep in my confidential file.
- I have a signed/recorded Durable Power of Attorney.
 - I am willing to attach a copy of this Durable Power of Attorney to this Independent Living Declaration for Alder Springs to keep in my confidential file.

Preferred Emergency Contact

Provide contact information of a person who knows about these documents and where they are kept or who is my preferred emergency contact; I have informed her/him of this role.

Name:	Relationship
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Phone/VP

Email

US Mail Address

Non Family References

Each Applicant/Resident must provide three non-family references with a phone number and email address for each. By providing this information, you are authorizing that they may be contacted.

Name _____

Phone/VP _____ Email _____

Name _____

Phone/VP _____ Email _____

Name _____

Phone/VP _____ Email _____

Independent Living Declaration - Agreements and Signature

I, the undersigned Alder Springs Applicant/Resident, understand and declare that I, personally, have been fully informed about all information requested and have been fully involved in all responses provided in this Independent Living Declaration and I understand that I may be asked for the name(s) and contact information of all persons who have helped me complete this document, and,

I understand that if I do not have a Healthcare Power of Attorney and a Durable Power of Attorney (mentioned above), the board will largely depend upon the criteria in this Independent Living Declaration to evaluate my ability to live independently should my capabilities falter; and,

I further agree that:

- Subsequent board approved modifications to the Independent Living Declaration are applicable to me;
- I will update my Independent Living Declaration at least every three years but am willing to update or revise it at any time;
- Other qualified persons who provide assistance may be asked to complete this document as it relates to me;
- I will comply with Board requests to discuss my compliance with this Independent Living Declaration and willingly accept the involvement of assistance providers and/or family members, if necessary.

Signature or Applicant or Resident

Date

Independent Living Capabilities – Assistance Provider #1 Responses (if applicable)

Name of Individual Assistance Provider completing this document:

Agency Name (if applicable):

Name of Person Being Assessed:

Assistance Provider should check each item to which it agrees: initialed notes are allowed under any item.

___ Able to live alone including with qualified in-home assistance.

___ Able and willing to consistently follow all the Rules & Regulations and Residential Rental Contract provisions.

___ Able and willing to accept and follow all requirements of qualified assistance providers.

___ Able to live agreeably in a peaceful, secure community of peers respecting the privacy and peace of other Alder Springs residents and their visitors.

___ Able to responsibly and reliably manage financial needs and demands (including with the assistance of qualified providers).

___ Able to manage daily health needs including medications, medical regimens, hygiene, etc.

___ Able to plan and serve adequate meals daily.

___ Able to take care of all shopping needs.

___ Able to utilize essential telephonic/electronic communications devices without assistance.

___ Willing to utilize the Resident Portal feature of the Alder Springs website.

___ Able to provide for all transportation needs.

___ Able to “keep house” and manage laundry needs.

Considering the above items, state current Independent Living status
(check all descriptions that apply; provide Other information if necessary)

___ Lives alone independently and does not need in-home assistance.

___ Lives independently and shares apartment with another person(s).

___ Lives independently with in-home assistance as needed.

___ Lives independently with scheduled in-home assistance.

Other _____

Independent Living Declaration – Assessment (answer Yes or No) and Signature

By the signature(s) below, I confirm that I have carefully read this Independent Living Declaration and I further declare that:

___ Applicant/Resident in question **can** live independently in accordance with this Declaration.

___ Applicant/Resident in question **cannot** live independently in accordance with this Declaration.

Printed Name of Assistance Provider and Agency (if applicable)

Signature of Assistance Provider

Date

Independent Living Capabilities – Assistance Provider #2 Responses (if applicable)

Name of Individual Assistance Provider completing this document:

Agency Name (if applicable):

Name of Person Being Assessed:

Assistance Provider should check each item to which it agrees: initialed notes are allowed under any item.

___ Able to live alone including with qualified in-home assistance.

___ Able and willing to consistently follow all the Rules & Regulations and Residential Rental Contract provisions.

___ Able and willing to accept and follow all requirements of qualified assistance providers.

___ Able to live agreeably in a peaceful, secure community of peers respecting the privacy and peace of other Alder Springs residents and their visitors.

___ Able to responsibly and reliably manage financial needs and demands (including with the assistance of qualified providers).

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Signature of Assistance Provider

Date