

Housing Authority of the Town of Manchester

24 Bluefield Drive Manchester, Ct. 06040

West Hill Gardens Congregate

Housing Authority of the Town of Manchester

10 Ada Lane

Manchester, Ct. 06040

Dear Applicant:

Enclosed is the application you requested for congregate living. If you have any questions regarding the application process, or our facility, please call Karen Smalls at 860-643-2163 ext. 120 weekdays between 8:00 a.m. and 4:00 p.m.

Return your application to:

Manchester Housing Authority

24 Bluefield Drive

Manchester, CT 06040

Congregate Housing for the Elderly Program

Description:

The Connecticut Housing Finance Authority (CHFA) and the Department of Economic and Community Development (DECD) jointly administer the Congregate Housing for the Elderly program. Congregate Housing offers frail elders housing and supportive services to frail elders, age 62 or older. Residents have apartments that include a private kitchen and private bath. All units are equipped with emergency call systems, and all communities have a resident services coordinator to help residents arrange for community-based services, as they are needed. Rents are based on income and subsidized by the Rental Assistance Program administered by DECD.

Residents must have temporary or periodic difficulties with one or more activities of daily living and must meet the established criteria of a local selection committee, which is approved by the Department of Economic and Community Development. At a minimum these communities provide one main meal in a communal setting, light housekeeping and 24-hour security. Transportation and socio-recreational services may also be provided. Some congregate communities also offer assisted living services provided by a licensed Assisted Living Services Agency. These communities offer additional services that may include personal care, additional meals, nursing services and medication management.

Congregate housing is not licensed; therefore, staff may not dispense medication or provide nursing services, unless the congregate site also provides assisted living services.

Eligibility Requirements, Service Areas and Program Year:

Eligibility Requirements:

1. Must have an annual income that is no more than 80 percent of the area's median income, refer to Appendix I for the HUD income guidelines.
2. Must be at least 62 years of age.
3. Must meet criteria established by a local selection committee, which includes but is not limited to:
 - a) a physical and functional assessment of frailty;
 - b) an evaluation of housing conditions and living arrangements; and
 - c) an assessment of daily living needs.

BASICS OF CONGREGATE LIVING:

The West Hill Gardens Congregate is a facility for the frail elderly.

Listed below are some facts about congregate housing and the services that are provided:

1. Congregate housing is for the ELDERLY ONLY. You must be 62 years of age and meet the local income limits to be eligible for congregate living.
2. The charge for rent, and the Congregate services mentioned above, will be based on your adjusted gross income. If you are not income qualified for a subsidy the maximum amount of the tenant payment is \$1,365.00 per month.
3. One daily meal will be served in the Dining Room. You will be required to eat in the Dining Room.
4. There will be light housekeeping services provided by the Housing Authority.
5. There will be an employee on the premises 24 hours a day, seven days a week.
6. There are not any medical personnel on staff.
7. Electricity is a tenant responsibility. Heat and hot water will be included in the tenant payment.

Applicant #:

PRE-APPLICATION WESTHILL GARDENS CONGREGATE WAITING LIST

PLEASE PRINT CLEARLY

1. Fill in your correct full name, address, (including apt number), city, state, zip code & telephone number.

Name: _____
(Last Name, First Name, Middle Initial)

Address: _____
(Street Address & Apartment)

(City) (Zip Code) (State)

Telephone: _____ Telephone: _____

How did you hear about the application process? _____

2. List all members of your family that will be living with you and state their age.

<u>Name</u>	<u>Relationship To Head of Household</u>	<u>Date of Birth</u>
1. _____	_____	_____
2. _____	_____	_____

3. Check all sources of income that apply to you and indicate the GROSS amount you receive per month.

<u>Source</u>	<u>Monthly Amount Received</u>
_____ State Assistance	\$ _____
_____ Social Security or SSI	\$ _____
_____ Pension	\$ _____
_____ Employment	\$ _____
_____ Unemployment	\$ _____
_____ Other (Dividends and Interest)	\$ _____

4. Demographic Survey: Under Section 8-37ee-313, paragraph b, of the Connecticut General Statutes we are required to perform a demographic survey on all housing applicants and residents. The responses will be kept confidential and used only as required by the State of Connecticut for Fair Housing reporting.

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White
- _____ Other

All above information must be verified when your applications is processed.

PLEASE SIGN HERE-----> _____
(Signature of Applicant) (Date)

Applicant Social Security Number: _____

If non-citizen, please give Alien Identification Number: