

# CIL AccesSolutions Application

AccesSolutions provides a variety of accessibility solutions for those who cannot afford modifications on their own. The first step to finding out if we can help with your unique situation is filling out the Application Form below. Mail completed form to ATTN: AccesSolutions 157 Charter Oak Ave, Hartford, CT 06106.

**First Name**

**Last Name**

**Email Address**

**Phone Number**

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**Applicant's Primary Address**

Some funds are restricted based on location, so we need to know your address to fully evaluate your application.

**Address Line 2**

**City**

**State**

**Zip**

**Does the applicant own or rent this property?**

**Own**

**Rent**

**Home Description:**

**Single Family**

**Multi-Family**

**Number of People in Household:**

**Please check all that apply:**

Is the applicant in a nursing home or hospital (and has been for more than 90 days)?

Is the applicant involved with MFP (Money Follows the Person)?

N/A

**Type of Disability**

We may have specialized funds available, so we need to know the nature of the disability to fully evaluate this application.

**Do they use a wheelchair?**

**Yes**

**No**

**What are the applicants' preferred pronouns?**

i.e. "he, him", "she, her", "they, them"

**Desired modifications (check all that apply)**

Grab Bars

Widen doorways

Stairglide

Ramp

Porch lift/elevator

Bathroom modifications

Kitchen modifications

Specialized Equipment (i.e. bikes)