

Repairs are an extension of Habitat’s core building program. They allow us to serve a different population (existing homeowners) yet follow the same basic tenets for eligibility—demonstrated need, ability to pay, willingness to partner—and the Habitat model of providing a hand up, not a handout.

What is the Critical Home Repair Program?

Habitat for Humanity Cabarrus County (HFHCC) provides assistance to very-low and low-income households with special needs in addressing housing conditions which pose imminent threats to their life, health and/or safety or to provide accessibility modifications and other repairs necessary to prevent displacement of very-low and low- income homeowners with special needs such as frail older adults and persons with disabilities.

These Policy and Procedures describes who is eligible to apply for assistance, how applications for assistance will be rated and ranked, what the form of assistance is and how the repair/modification process will be managed. HFHCC has designed this to be fair, open, and consistent with HFHCC’ approved application for funding.

ELIGIBILITY

To be eligible for assistance:

- Applicant must reside in Cabarrus County
- The property must be owner-occupied and serve as the primary residence of all owners on the deed. *Homes purchased in the last two years are not eligible.*
- Household income cannot exceed 50% (80% for Veteran’s) of Cabarrus County’s median income for the household size (see income limits below)
- Applicant must have a special need (i.e., be ≥ 62 years old, disabled, a single parent with a dependent living at home, a Veteran, a large family with ≥5 household members or a household with a child below the age of six with lead hazards in the home)
- Applicant must have urgent repair needs, which cannot be met through other state or federally funded housing assistance programs
- HFHCC has not provided assistance to homeowner in two (2) years

Income Limits* for Cabarrus County (Effective 6/15/2022)

Family Size	30% of Median (very-low income)	50% of Median (low income)	80% of Median (low income)	*Income limits are subject to change based on annually published HUD HOME Limits and will be updated each year. This update will not require a re-approval of the governing authority.
1	\$19,800	\$33,000	\$52,750	
2	\$22,600	\$37,700	\$60,300	
3	\$25,450	\$42,400	\$67,850	
4	\$28,250	\$47,100	\$75,350	
5	\$30,550	\$50,900	\$81,400	
6	\$32,800	\$54,650	\$87,450	
7	\$35,050	\$58,450	\$93,450	
8	\$37,300	\$62,200	\$99,500	

Outreach Efforts of the Critical Home Repair Program

HFHCC will provide information about the Critical Home Repair Program, with our municipal and county partners, government, and non-profit partner referral agencies, and on our website. HFHCC currently operates a Critical Home Repair program in Cabarrus County and receives over 100 applicants a year.

SELECTION OF APPLICANTS

- Applications should be returned fully complete, signed and with all documentation. All income documentation must be current as of six (6) months from the date of application. The application could be denied if this condition is not met.
- Any application can be denied if HFHCC does not have the capacity to take on the scope of repair required. In this case, written documentation from a Construction Team member must be provided for the file before denial.
- HFHCC will help qualified families on a first come, first qualified basis. Under this system, applicants will receive points for falling into certain categories of special need and income. The applications will be ranked according to which receive the most points.

Priority Ranking System

Special Needs (for definitions, see below)	<i>Points</i>
Disabled, Older Adult, or Veteran Head of Household (<i>62 or older</i>)	4
Disabled, Older Adult, or Veteran Household Member (<i>not Head of Household</i>)	3
Single-Parent Household (<i>with one or more children in the home</i>)	3
Large Family (<i>5 or more permanent residents</i>)	2
Emergency (<i>may submit without regard to application deadlines</i>)	2
Child under six years of age with lead hazards in the home	2
Income (See Income Table above)	<i>Points</i>
Less than 30% of County Median Income	10
30% to 50% of County Median Income	5

The definitions of special needs populations are:

- ♦ *Disabled:* A person who has a physical, mental, or developmental disability that greatly limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.
- ♦ *Older Adult:* An individual aged 62 or older.
- ♦ *Veteran:* A person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable. Must provide a copy of DD-214.
- ♦ *Head of Household:* The person or persons who own(s) the house.
- ♦ *Household Member:* Any individual who is an occupant (defined below) of the unit to be rehabilitated shall be considered a “household member” (the number of household members will be used to determine household size and all household members are subject to income verification).

- ♦ *Single-Parent Household:* A household in which one and only one adult resides with one or more dependent children.
 - ♦ *Large Family:* A large family household is composed of five or more individuals; at least four are immediate family members.
 - ♦ *Emergency:* A situation in which a household member has an immediate threat of being condemned or removed from a home due to health or safety issues within a time frame that the program can complete a repair to stop removal due to condemnation of home. These applications will be received at any time and evaluated on the ability of the program to complete the work in a timely manner that meets the goal of assisting homeowners to remain in their home.
 - ♦ *Child with lead hazards in the home:* a child below the age of six living in the applicant house which contains lead hazards.
 - ♦ *Occupant:* An occupant is defined as any immediate family member (mother, father, spouse, son/daughter of the head of the household, regardless of the time of occupancy); or non-immediate family member who has resided in the dwelling at least 3 months prior to the submission of the family's application.
- Client Referral and Support Services – Many homeowners assisted through the Critical Home Repair Program may also need other services. When the Critical Home Repair Program staff meets the homeowner during the work write-up process, they will discuss the resources and programs available in Cabarrus County and provide pamphlets and a list of the agencies with contact information. With the homeowner's permission, a case file will be created, and a staff person will follow up with the homeowner concerning the available services in the referral network.

Recipients of assistance will be chosen by the above criteria without regard to race, color, religion, national origin, sex, familial status, or disability.

WILLINGNESS TO PARTNER

Sweat Equity is a core belief of Habitat for Humanity and is intended to build partnership of homeowners, affiliate staff, volunteers, and the community. Accepted applicants for Critical Home Repairs are asked to participate in sweat equity hours as a way of paying it forward with volunteering. Hours required will be flexible and tailored to the capabilities of the homeowner/household and will coordinate with the number of hours it takes to complete the repair or a maximum of 8 hours. The homeowner can designate others to volunteer on their behalf.

Examples: Volunteering at our ReStore, helping on a home build site, volunteering with another non-profit organization including church, preparing the home for arrival of our Construction Team, etc.

If sub-contractors are used on the repair instead of HFHCC staff and/or volunteers, sweat equity hours may not be applicable.

FUNDING AND COST RECOVERY POLICY

Before starting a Critical Home Repair *not covered with government funding*, HFHCC will have funding in place to complete the repairs. The funding may include grants, donations and/or sponsorships. The repair fund will cover the cost of any repair projects up front. Projects will not be approved unless the required funding is in place.

Our affiliate receives annual funding from a private donor specifically for Veteran critical home repairs. The donor has requested we observe the 80% AMI (see chart on page 1).

Before any work is done on an approved project, the homeowner will agree to pay HFHCC a portion of the project costs. The amount to be paid by the homeowner will be a discounted amount determined by family income level (percentage of Area Median Income) and the total project costs. See Table 1 and Table 2 below.

Repair projects will require 25% of the homeowner portion of project cost **before** beginning work, with the remainder due upon satisfactory completion. Payment arrangements will be determined at the discretion of HFHCC and a promissory note signed by the homeowner.

The discounted amount ensures that any necessary repairs will be affordable for low-income homeowners while maintaining Habitat for Humanity’s tenant of “a hand up, not a handout.” These payments made by homeowners will continue to fuel the repair fund along with other funding sources.

AMI Range	Percent Paid
20 - 39%	10%
40 - 49%	15%
50 - 60%	20%

Cost of Repair	AMI Range		
	20 - 39%	40 - 49%	50 - 60%
\$1,000	\$100	\$150	\$200
\$2,000	\$200	\$300	\$400
\$3,000	\$300	\$450	\$600
\$4,000	\$400	\$600	\$800
\$5,000	\$500	\$750	\$1,000
\$6,000	\$600	\$900	\$1,200
\$7,000	\$700	\$1,050	\$1,400
\$8,000	\$800	\$1,200	\$1,600
\$9,000	\$900	\$1,350	\$1,800

WHAT TYPE OF WORK WILL BE DONE?

Only repairs that address imminent threats to the life and/or safety of occupants of the dwelling unit or accessibility modifications will be performed by HFHCC. Please understand that all deficiencies in a home will likely not be able to be repaired with our available funds. We will work within the capacity and budget of the program.

General Scope of Work

- Roof replacement/repair
- HVAC replacement/repair
- Modifications for accessibility
- Front porch/step replacement - Access

HFHCC Critical Home Repair program is limited to external repairs. Interior repairs such as electrical, sagging floors, ceilings, basic plumbing (hot water heaters, leaky fixtures, modified toilets) will be reviewed on a **case-by-case basis** by the Critical Home Repair Program committee consisting of HFHCC staff and the Executive Board of Directors.

Homes with elevated levels of garbage, animal waste and pest infestation may not be considered until the issue has been resolved by the homeowner.

Homes with residential zoning violations may not be considered.

Homes purchased within the last two years are not eligible for our Critical Home Repair Program.

Homeowners who have received assistance from HFHCC in the past two (2) years are not eligible.

Manufactured Homes

HFHCC will not perform repairs on older manufactured homes (pre-1976). They were not subject to HUD building standards, therefore, posing significant health and safety risk to our Construction Team and/or subcontractors.

HFHCC will not cross the threshold for any repair.

REPAIR TO HOMES – HFHCC CONSTRUCTION TEAM

HFHCC is obligated to ensure that quality work is done at reasonable prices and that all work is contracted through a fair, open, and competitive process. Work will be procured through private contractors, a combination of HFHCC staff and volunteer labor, and/or through the use of subcontractors for specialized trades.

If deemed appropriate, HFHCC may use private contractors for jobs that are completed “turn-key” by the contractor, involving little or no staff or volunteer labor or HFHCC-managed subcontractors. Most jobs, however, will be completed by a combination of staff, volunteer labor, and HFHCC-managed subcontractors, who are used when special skills or licenses are needed to complete a portion of a job.

Any subcontractors hired by the affiliate to perform repairs must be adequately insured and bonded (where appropriate) and should perform work in a manner consistent with local best practices, and positively reflect the mission of Habitat for Humanity.

For homes built prior to 1978, HFHCC holds an RRP Firm Certification and employs RRP Certified Renovators and will utilize subcontractors with these credentials when available.

PROCESS FOR APPLICANTS

1. Complete an Application

Obtain an Application by:

- Contact the HFHCC Office at 704.786.4001 to request an application be mailed to you
- Download an application at www.habitatcabarrus.org
 - Services → Critical Home Repair → Application link is towards the bottom of the page
- Come by the office at 8 Church St S, Concord, NC 28025.

Proof of ownership and income will be required. If a Veteran, please provide a copy of the DD-214. Those who have applied for housing assistance from HFHCC in the past will not automatically be reconsidered. A new application is required. ***If HFHCC has assisted you within the last 2 years, you are not eligible for assistance.***

2. Screening of Applicants

See *Selection of Applicants* above.

3. Preliminary Inspection

A Construction Team Member will visit the homes of potential repair recipients to determine the need and feasibility of repairs/modifications.

4. Applicant Interviews

Approved applicants will be provided detailed information on assistance, program repair/modification standards and the contracting procedures associated with their project at this informational interview.

5. Work Write-up

Our Construction Team will visit the home again for a more thorough inspection. All parts of the home must be made accessible for inspection, including the attic and crawlspace, if any. The owner should report any known problems such as electrical short circuits, blinking lights, roof leaks and the like. The Construction Team will prepare complete and detailed work specifications (known as the "work write-up"). A final cost estimate will also be prepared by the Construction Team and held in confidence until bidding is completed.

6. Formal Agreement

After approval of the work write-up, the homeowner will sign a formal agreement that will explain and govern the repair/modification process and an explanation of the Promissory Note, which is considered a forgivable loan. This agreement will define the roles of the parties involved throughout the process.

7. Bidding

The work write-up and bid documents will be secured from contractors who are part of the HFHCC's approved contractor registry or by the HFHCC Construction Team. The names of the invited contractors will be supplied to the homeowner upon request. Each will need access to those areas of the house, in which work is to be performed, to prepare a bid.

8. Contractor Selection

Within 24 hours of receiving the bids, and after review of bid breakdowns and timing factors, the winning bidder will be selected. All bidders and the homeowner will be notified of (1) the selection, (2) the amount, (3) the amount of HFHCC' cost estimate, (4) any support or contingency costs that will be included in the loan amount, and (5) if other than the lowest bidder is selected, the specific reasons for the selection.

9. Execution of Loan and Contract

The loan will be executed as well as the repair/modification contract prior to work beginning on the project. This contract will be between the contractor and homeowner, with HFHCC signing as an interested third party.

10. Pre-construction Conference

Pre-construction meeting will be held at the home or via phone. At this time, the homeowner, contractor, and program representatives will be present to discuss the details of the work to be done. Starting and ending dates will be agreed upon, along with any special arrangements such as weekend or evening work hours and disposition of items to be removed from the home (such as old plumbing, etc.). The Homeowner Agreement will be discussed and signed before the repair begins.

11. Construction

The contractor will be responsible for obtaining any required building permits for the project before beginning work. The permit must be posted at the house during the entire period of construction. The Construction Team will closely monitor the contractor during the construction period to make sure that the work is being done according to the work write-up (which is made a part of the rehabilitation contract by reference) and in a timely fashion. Code Enforcement Officers will inspect new work for compliance with the State Building Code as required. The homeowner will be responsible for working with the contractor toward protecting personal property by clearing work areas as much as practicable.

12. Change Orders

All changes to the scope of work must be submitted in writing as a contract amendment ("change order") and approved by all parties to the contract: the owner, the contractor and two representatives of HFHCC. If the changes require an increase in the loan amount, a loan modification stating these changes in the contract amount must be completed by HFHCC and executed by the owner. If the changes result in a decrease in the loan amount, an estoppel informing the homeowner of these changes in the contract amount will be completed by HFHCC and conveyed to the owner.

13. Payments to Contractor

The contractor will be paid following inspection of and satisfactory completion of all items on the work write-up and change orders, if any.

14. Post-construction Meeting

Following construction, the contractor and the Construction Team will sit down with the homeowner one last time. At this meeting, the contractor will hand over all owner's manuals and warranties on equipment. The contractor and Construction Team will go over operating and maintenance requirements for any new equipment installed and discuss general maintenance of the home with the homeowner. The homeowner will have the opportunity to ask any final questions about the work and the loan. The Certificate of Satisfaction will be signed by the homeowner.

15. Closeout

Once each item outlined in section 13 has been satisfied and the homeowner has signed a Certificate of Satisfaction, the job will be closed out (fully completed).

SAFETY ON-SITE

Each volunteer should

- Comply with all safety rules and regulations
- Report all incidents and injuries immediately
- Obtain the proper tools and personal protective equipment for the job at hand
- Report all unsafe conditions to the supervisor in charge
- Know to call 911 in case of fire or an accident
- Help maintain a safe and clean working environment

Each supervisor should

- Monitor the work site's safety status by personally conducting safety inspections of the work site and initiating needed corrective action
- Conduct accident investigations and analyze the causes and formulate recommendations for corrective and preventative action
- Maintain accurate records of all incidents
- Conduct on-site safety training for all volunteers
- Monitor the safety performance of all subcontractors to ensure compliance with the affiliate's safety standards

COMPLAINTS, DISPUTES AND APPEALS

Although the application process and repair/modification guidelines are meant to be as fair as possible, HFHCC realizes that there is still a chance that some applicants or participants may feel that they were not treated fairly. The following procedures are designed to provide an avenue for resolution of complaints and appeals.

During the application process: If an applicant feels that his/her application was not fairly reviewed or rated and would like to appeal the decision made about it, he/she should contact Dee Bonner at HFHCC within five days of the initial decision and voice their concern. If the applicant remains dissatisfied with the decision, the detailed complaint should be put into writing.

A written appeal must be made within 10 business days of the initial decision on an application.

HFHCC will respond in writing to any complaints or appeals within 10 business days of receiving written comments.

During the repair/modification process: If the homeowner feels that repairs or modifications are not being completed per the contract, he/she must inform the contractor and the Construction Team, preferably in writing.

The Construction Team will inspect the work in question. If it is found that the work is not being completed according to contract, the Construction Team will review the contract with the contractor and ask the contractor to remedy the problem.

If the Construction Team finds that the work is being completed according to contract, the complaint will be noted, and the Construction Team and the homeowner will discuss the concern and the reason for the Construction Team's decision.

If problems persist, a mediation conference between the homeowner and the contractor may be convened by the Construction Team and facilitated by HFHCC' CEO.

Should the mediation conference fail to resolve the dispute, the CEO will render a written final decision.

All information in applicant files will remain confidential. Access to the information will be provided only to HFHCC employees who are directly involved in the program.

What about conflicts of interest?

No officer or employee of HFHCC, or member of HFHCC Board of Directors, or entity contracting with HFHCC that exercises any functions or responsibilities with respect to Critical Home Repairs shall have any interest, direct or indirect, in any contract or subcontract for work to be performed with program funding, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter. Relatives of HFHCC employees, Board of Directors and others closely identified with HFHCC, may be approved for rehabilitation assistance only upon public disclosure before the HFHCC Executive Board and written permission from NCHFA.

What about favoritism? All activities, including rating and ranking applications, inviting bids, selecting contractors, and resolving complaints, will be conducted in a fair, open, and non-discriminatory manner, entirely without regard to race, color, religion, national origin, sex, familial status, or disability.

Any questions regarding any part of this application or program should be addressed to:

Carol Whittington
Critical Home Repair Coordinator
8 Church St S
Concord, NC 28025
704.786.4001
info@habitatcabarrus.org

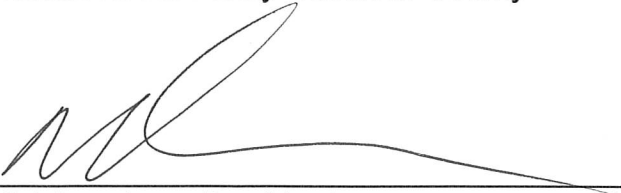
Dee Bonner
Construction Manager
8 Church St S
Concord, NC 28025
704.786.4001
construction@habitatcabarrus.org

These contacts will do their utmost to answer questions and inquiries in the most efficient and correct manner possible.

This Critical Home Repair Program Policy and Procedures is adopted this 24th day of January, 2023.



Bill Shelton, CEO
Habitat for Humanity Cabarrus County



Nick Lovelace, President
Board of Directors
Habitat for Humanity Cabarrus County

ADDENDUM

Presented to Board of Directors September 27, 2022

Habitat for Humanity Cabarrus County (HFHCC) was recently awarded a grant for \$90,000 from Lowe's through Habitat for Humanity International (HFHI). These funds are intended to be used as a collaborative effort to improve quality of life in communities and neighborhoods with low- to medium-income families in need of housing assistance. Our focus for Critical Home Repairs is improving health and safety of homeowners.

HFCC is in the process of becoming Aging in Place Certified through HFHI, making us more likely to be considered as a future recipient of this, and other, grants.

Aging in Place is a movement to not only enable people to age safely in their homes but also to create an environment where older adults can continue to learn and contribute, develop relationships with people of all ages, maintain a healthy lifestyle, live independently, and receive healthcare and support services that are community-based. At the end of the day, a livable community for older adults is a livable community for everyone.

Habitat for Humanity International

Aging in place housing plus: A holistic, person-centered approach to home repairs and modifications that can be utilized with older adults, veterans, and persons with disabilities. This includes a partnership with a local health or human services professional.

HFHCC will follow our Critical Home Repair Program Policy and Procedures (update in process) in addition to the following grant specific procedures:

Repairs and modifications for adults age 62+ support two goals: 1) reduce the risk of falls and other accidents, and 2) facilitate increased accessibility and ease in the execution of activities of daily living inside the home.

The approach utilizes two assessments that enable Habitat and our service partners to understand older homeowners' needs and apply a tailored service approach based on those needs. Both assessments determine the scope of work needed, including modifications such as installation of grab bars, raised toilets, levered door and faucet handles, etc. that improve daily living.

- The functional assessment is completed by a health or human services professional such as an occupational therapist, nurse, or social worker. It assesses activities of daily living, including dressing, functional transfers, using the toilet, bathing, food prep and eating.
- The home assessment is completed by a HFHCC Construction Team specialist and assess the scope of work needed.

Functional Assessment (copy attached)

We have an established relationship with:

Marcella Beam with Cabarrus Health Alliance
Talanya Weaks with Social Services
Home Healthcare nurses through Atrium Health

In addition, we currently have two future homeowners that work in the health industry.

Patient Name: _____

Date: _____

Patient ID # _____

Katz Index of Independence in Activities of Daily Living

Activities Points (1 or 0)	Independence (1 Point)	Dependence (0 Points)
	NO supervision, direction or personal assistance.	WITH supervision, direction, personal assistance or total care.
BATHING Points: _____	(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	(0 POINTS) Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing
DRESSING Points: _____	(1 POINT) Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 POINTS) Needs help with dressing self or needs to be completely dressed.
TOILETING Points: _____	(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
TRANSFERRING Points: _____	(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable	(0 POINTS) Needs help in moving from bed to chair or requires a complete transfer.
CONTINENCE Points: _____	(1 POINT) Exercises complete self control over urination and defecation.	(0 POINTS) Is partially or totally incontinent of bowel or bladder
FEEDING Points: _____	(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person.	(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding.
TOTAL POINTS: _____ SCORING: 6 = High (<i>patient independent</i>) 0 = Low (<i>patient very dependent</i>)		

Source:

try this: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, www.hartfordign.org.

Issue Number 2, Revised 2007

Series Editor: Marie Boltz, PhD, GNP-BC
Series Co-Editor: Sherry A. Greenberg, MSN, GNP-BC
New York University College of Nursing

Katz Index of Independence in Activities of Daily Living (ADL)

By: Meredith Wallace, PhD, APRN, BC, Fairfield University School of Nursing, and Mary Shelkey, PhD, ARNP, Virginia Mason Medical Center

WHY: Normal aging changes and health problems frequently show themselves as declines in the functional status of older adults. Decline may place the older adult on a spiral of iatrogenesis leading to further health problems. One of the best ways to evaluate the health status of older adults is through functional assessment which provides objective data that may indicate future decline or improvement in health status, allowing the nurse to intervene appropriately.

BEST TOOL: The Katz Index of Independence in Activities of Daily Living, commonly referred to as the Katz ADL, is the most appropriate instrument to assess functional status as a measurement of the client's ability to perform activities of daily living independently. Clinicians typically use the tool to detect problems in performing activities of daily living and to plan care accordingly. The Index ranks adequacy of performance in the six functions of *bathing, dressing, toileting, transferring, continence, and feeding*. Clients are scored yes/no for independence in each of the six functions. A score of 6 indicates full function, 4 indicates moderate impairment, and 2 or less indicates severe functional impairment.

TARGET POPULATION: The instrument is most effectively used among older adults in a variety of care settings, when baseline measurements, taken when the client is well, are compared to periodic or subsequent measures.

VALIDITY AND RELIABILITY: In the thirty-five years since the instrument has been developed, it has been modified and simplified and different approaches to scoring have been used. However, it has consistently demonstrated its utility in evaluating functional status in the elderly population. Although no formal reliability and validity reports could be found in the literature, the tool is used extensively as a flag signaling functional capabilities of older adults in clinical and home environments.

STRENGTHS AND LIMITATIONS: The Katz ADL Index assesses basic activities of daily living. It does not assess more advanced activities of daily living. Katz developed another scale for instrumental activities of daily living such as heavy housework, shopping, managing finances and telephoning. Although the Katz ADL Index is sensitive to changes in declining health status, it is limited in its ability to measure small increments of change seen in the rehabilitation of older adults. A full comprehensive geriatric assessment should follow when appropriate. The Katz ADL Index is very useful in creating a common language about patient function for all practitioners involved in overall care planning and discharge planning.

MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGeriRN.org.

Graf, C. (2006). Functional decline in hospitalized older adults. *AJN*, 106(1), 58-67.

Katz, S., Down, T.D., Cash, H.R., & Grotz, R.C. (1970) Progress in the development of the index of ADL. *The Gerontologist*, 10(1), 20-30.

Katz, S. (1983). Assessing self-maintenance: Activities of daily living, mobility and instrumental activities of daily living. *JAGS*, 31(12), 721-726.

Kreševic, D.M., & Mezey, M. (2003). Assessment of function. In M. Mezey, T. Fulmer, I. Abraham (Eds.), D. Zwicker (Managing Ed.), *Geriatric nursing protocols for best practice* (2nd ed., pp 31-46). NY: Springer Publishing Co., Inc.

Mick, D.J., & Ackerman, M.H. (2004, Sept). Critical care nursing for older adults: Pathophysiological and functional considerations. *Nursing Clinics of North America*, 39(3), 473-93.