



## HOME MODIFICATION PROVIDER BID FORM

Client Name: _____ Owns Home: <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ City: _____ Zip: _____ County: _____ Phone: _____ Homeowner Name: _____	Company Name: _____ Representative: _____ Phone: _____ Email: _____ Date: _____ Counties Licensed in: _____
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**Changes made without Department authorization will not be paid for.**

WHAT	WHERE	HOW/DESCRIPTION Please list any permits required.	MATERIALS COST Please be as specific as possible.	LABOR COST Please include number of hours and rate per hour.
<b>RAMP</b>  Client preference is for:  <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Portable	<b>ENTRANCE</b>  <input type="checkbox"/> Front Entrance <input type="checkbox"/> Rear Entrance <input type="checkbox"/> Other Entrance: _____	All ramps to have 1:12 slope unless otherwise noted/approved and be constructed/installed to code.  Description of ramp:		
<b>ADA TOILET</b>	<b>BATHROOM</b>	Remove existing toilet and dispose of properly.		

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

Date: \_\_\_\_\_

		<p>Include the following: Toilet Frame Flip Up Grab Bar Wall to Floor Grab bar</p> <p>Grab Bar (size)_____</p>		
<p><b>ACCESSIBLE SINK</b></p> <p>Pedestal</p> <p>Wall Hung</p> <p>W/C Accessible Vanity with pipe protection</p>	<p><b>BATHROOM</b></p>	<p>Remove existing sink/vanity and dispose of properly. Repair wall to match.</p> <p>Type of faucets: single lever OR dual lever OR motion activated</p>		
<p><b>SHOWER</b></p> <p>Walk In Shower</p> <p>Roll In Shower</p> <p>Client preference is for:</p> <p>Base: Tiled</p> <p>Fiberglass</p> <p>Walls: Tiled</p> <p>Fiberglass</p>	<p><b>BATHROOM</b></p>	<p>Remove/demo existing tub/shower and dispose of properly. Provide plumbing necessary for new shower. Install/provide the following:</p> <p>Location/Type of shower faucet assembly:</p> <p>Location/size of grab bars:</p> <p>Location/Type of shower seat:</p> <p>Accessories: curtain rod shower doors corner shelf Wall shelf soap dish other:_____</p>		

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

Date: \_\_\_\_\_

<p>Right Hand Drain Left Hand Drain</p>				
<p><b>WALK IN TUB</b></p>	<p><b>BATHROOM</b></p>	<p>Remove existing tub/shower and dispose of properly. Provide all necessary plumbing.</p>		
<p><b>WIDEN DOORS</b></p> <p>Number of doors to be widened:</p>		<p>Remove existing door. Widen to accommodate a _____ inch pre hung door. Repair all damage to wall/floor caused by installation of new wider door. Caulk and paint door complete.</p> <p>Type of Handle:</p> <p>Type of Hinges:</p> <p>Remove existing door. Widen to accommodate a _____ inch pre hung door. Repair all damage to wall/floor caused by installation of new wider door. Caulk and paint door complete.</p> <p>Type of Handle:</p> <p>Type of Hinges:</p>		

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

Date: \_\_\_\_\_

<b>STAIR LIFT</b>  Curved  Straight		Additional power source needed? Heavy duty? Adjustable seat required?		
<b>FLOORING</b>		Current flooring:  Proposed flooring:		
<b>KITCHEN</b>				
<b>OTHER</b>				

Total: \_\_\_\_\_

**Changes made without Department authorization will not be paid for. These signatures authorize the above proposed work to proceed.**

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Owners Association (HOA) Signature: \_\_\_\_\_ Date: \_\_\_\_\_