HOME MODIFICATION CHANGE ORDER

Client Name:		Company Name:	
Owns Home: ☐ Yes ☐ No		Representative:	
Address:		Phone:	
City:	Zip:	Email:	
County:	Phone:	Date:	
Homeowner Name:		Counties Licensed in:	

Please describe any changes to the previously approved scope of work and ensure that all involved parties have agreed. 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.
RAMP Client preference is for: ☐ Concrete ☐ Metal ☐ Portable ☐ Wood	**ENTRANCE** ☐ Front Entrance ☐ Rear Entrance ☐ Other Entrance Explain:	All ramps must have 1:12 slope unless otherwise noted/approved and must be constructed/installed to code. Description of ramp: *Example: This is a switchback ramp with (1) 5' x 5' top landing, (1) 5 x 8 intermediate landing and (1) 5 x 5 bottom landing with (1) 12' ramp run and (1) 10' ramp run.*		

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Date: _____

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ADA TOILET	**BATHROOM**	Remove existing toilet and dispose of properly. Include the following: ☐ Toilet Frame ☐ Flip Up Grab Bar ☐ Wall to Floor Grab Bar Grab Bar (size): _____		
ACCESSIBLE SINK ☐ Pedestal OR ☐ Wall Hung OR ☐ W/C Accessible Vanity with pipe protection	**BATHROOM**	Remove existing sink/vanity and dispose of properly. Repair wall to match. Type of Faucet: ☐ Single lever OR ☐ Dual lever OR ☐ Motion Activated		

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SHOWER ☐ Walk-In Shower OR ☐ Roll-In Shower Client preference is for: **Base:** ☐ Tiled OR ☐ Fiberglass **Walls:** ☐ Tiled OR ☐ Fiberglass **Drain:** ☐ Right Hand Drain OR ☐ Left Hand Drain	**BATHROOM**	Remove/demo existing tub/shower and dispose of properly. Provide plumbing necessary for new shower. Install/provide the following: Shower Faucet Assembly Location/Type: Grab Bars Location/Type: Shower Seat Location/Type: Accessories: ☐ Curtain Rod ☐ Shower Doors ☐ Corner Shelf ☐ Wall Shelf ☐ Soap Dish ☐ Other: _____		
WALK-IN TUB	**BATHROOM**	Remove existing tub/shower and dispose of properly. Provide all necessary plumbing.		

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WIDEN DOORS Number of doors to be widened:	*Example: Bathroom, Master bedroom*	Remove existing door(s). 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. Type of Handle: Type of Hinges:		
STAIR LIFT ☐ Curved OR ☐ Straight	*Example: Stairs from main floor to second floor*	Additional power source needed? ☐ Yes ☐ No Heavy duty? ☐ Yes ☐ No Adjustable seat required? ☐ Yes ☐ No		
FLOORING	*Example: Hallway outside bathroom*	Current flooring: Proposed flooring:		

Client Name: _____

Date: _____

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.
KITCHEN				
OTHER				

Please describe any changes to the previously approved scope of work and ensure that all involved parties have agreed. Changes made without Department authorization will not be paid for. These signatures authorize the proposed changes to proceed.

Provider Signature: _____ Date: _____

Client Signature: _____ Date: _____

Homeowner Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____