

# Scope of work



## Section 1 Member information

Member name			
Member address	City	State	Zip

## Section 2 What kind of help do you need?

(Please check all that apply.)

Ramp(s)    Grab bar(s)    Door and cabinet handle(s)    Pest removal

Deep cleaning    Allergy-friendly curtains or blinds

## Section 3 Vendor information

Vendor Name	
Describe the work plan (Example: Install 2 grab bars [2 ft. each] by the toilet):	
<b>Cost estimate</b> (Please give an estimate for each service):	
Service	Estimated Cost
Ramp(s)	
Grab bar(s)	
Door and cabinet handle(s)	
Pest removal	
Deep cleaning	
Allergy-friendly curtains or blinds	
<b>Timeframe</b> How long with the work take?: _____	
<b>Vendor agreement</b> <input type="checkbox"/> By checking the box, you agree to complete the services as described above.	
Signature X	
Date	

\*Please fill out the following sections if you are a renter. If you are a home owner, you can ignore.

**Section 4** Approval by property manager/landlord (if needed)

By signing below, you approve the work described above to be done at your property. Note: This program does not cover costs for removing any of these changes if the member moves out.
Property manager/Landlord name
Signature X
Date

**Section 5** Member agreement

<input type="checkbox"/> By checking this box, you agree to the changes listed above. Note: This program does not cover costs for removing any of these changes.
Signature X
Date

**Section 6** HRSN service provider information

Organization name
Contact person
Email
Service provider agreement: <input type="checkbox"/> By checking this box, you agree to changes requested by the member. You will also make sure the vendor completes the work listed here. Note: This program does not over costs for removing any of these changes.
Signature X
Date

You can get this document in other languages, large print, Braille or a format you prefer. You can also ask for a ninterpreter. This help is free. Call 1-888-788-9821 or TTY 711. We accept relay calls.