



CHILDREN WITH SPECIAL HEALTH CARE NEEDS SERVICES PROGRAM

Family Support Services Request

**Home Modifications: Written Specifications and Approvals
 FSS Packet Form D**

Instructions: As part of the bid process, the contractor must submit this completed form along with any additional bid documentation to the case manager for inclusion in the Family Support Services Packet submitted to Central Office for review and decision. If extra space is needed to complete this form, attach a separate sheet of paper.

Prior to initiation of home modifications by an authorized contractor, an inspector enrolled as a CSHCN Services Program provider must review the written specifications and bid documentation, complete the *CSHCN Services Program Family Support Services Home Modifications Initial Inspection Report* (FSS Request Packet Form G), and indicate in the report that the written specifications and bid pass program criteria for initial inspection.

Return completed form to state health services case manager:

SECTION I. Written Specifications

Client Name:

Client ID:

Full Address:

Include city, state and zip code.

Specify the planned home modifications. If a bid with specification is attached, skip to Section II.

Bid with specifications is attached.

Cost of planned home modifications (\$):

The contractor is responsible for obtaining all required permits and should include the cost of any required permits in the bid price. **Are permit(s) required for the requested modification(s)?**

Yes

No

If yes, specify type and agency.

Does the contractor's bid include the cost of any required permits?

Yes

No

N/A - No permits required

If not, the cost must be determined and attached to this document or specified below (\$):

Printed name of person writing specifications:

Signature of person writing specifications:

Date:

X _____

Original signature required.

SECTION II. Parent or Adult Client Agreement with Proposed Modifications

Printed Name of Parent or Adult Client:

I agree with the proposed modifications specified in Section I. *Estoy de acuerdo con las modificaciones propuestas tal y como se especifican en "Section I".*

Signature of Parent or Adult Client

X _____

Original signature required.

Date:

SECTION III. Home Ownership

Home is owned by client or family listed in this form. If not, the landlord must complete this section.

Yes

No

Printed Name of Landlord:

I approve of proposed modifications as specified above.

Signature of Landlord:

Date:

X _____

Original signature required.