



PURPOSE

The Request for Residence Modification form is completed with individuals who are eligible for services and in need of a simple home modification to enhance their functional independence. The purpose of the form is to assure that the individual and property owner are fully aware of the proposed specifications and modifications.

PREPARED BY

Independent Living Rehabilitation Counselor

INSTRUCTIONS

Address of residence to be modified: Enter the address of the residence to be modified.

Modification for (Individual): Enter the name of the individual for whom the modification is being completed.

I hereby request financial assistance from the North Carolina Division of Services for the Blind (NCDSB) for modifications to the above-referenced property to improve usability and accessibility for, enter the individual's name, who is a person with a disability.

Description of proposed modifications: Place an X in the appropriate box to indicate how the proposed modification is described.

INDIVIDUAL FINANCIAL AGREEMENT---THIS SECTION APPLIES ONLY IF COMPLETED

Part 1: Applies if the individual is required to make a flat-rate contribution toward the modification.

I, enter the individual's name, understand that I will be held responsible for the following financial contribution: enter the amount that the individual is responsible for in dollars and cents.

PART 2: Applies if individual will be paying for specific items within the modification specifications.

I, enter the individual's name, understand that I will be held responsible for the cost of the modifications for my residence that are listed in this outlined section and possibly detailed in the residence modification specifications which I have read. Enter the items that the individual is responsible for paying for.

Individual signs and dates the form

Property Owner signs and dates the form

Enter the address and telephone number of the individual

Enter the address and telephone number of the property owner (if different from individual)

Witness signs and dates the form (if applicable)



REQUEST FOR RESIDENCE MODIFICATION INSTRUCTIONS

If during the review process, the originally recommended modifications are altered, a new DSB-0917-IL form must be completed.

DISTRIBUTION

Original: Case Record

Copies: Individual

Property owner (if different from individual)

AT Specialist