

SUPPORTS WAIVER

Vehicle Modification Service Cost Quote Packet Checklist

To the Participant: First, speak with your Community Support Coordinators (CSC) to verify and establish your Vehicle Modification (VM) budget. Your CSC will send a Supports Waiver Funds Verification Form to the state. Please wait to speak with a contractor until you have received notice of your available funds.

All Supports Waiver VMs must go through the ISP & Budget approval process.

This form is a checklist to help you get the necessary information for your Vehicle Modification Service Cost Quote Packet. The Service Cost Quote Packet is a key piece for review and approval of your Supports Waiver Vehicle Modification benefit. Please provide a copy of this checklist to your selected contractor or business so that they may prepare the cost estimate properly. You may also review this checklist to make sure they have supplied all the information before you turn it over to your CSC for the review and approval process. Your CSC can help you understand and complete the paperwork. Please attach this completed checklist along with the completed packet and return to your CSC for review and approval by the Third Party Assessor (TPA).

The Vehicle Modification Service Cost Quote Packet shall include each of the following:

Assessment of Need: description of functional/medical need for EM in order to ensure health and safety or to enhance Participant's level of independence

Documentation that the adapted vehicle is the eligible recipient's primary means of transportation

Brief description of work to be done (e.g. e.g. install steering wheel modification)

Itemized cost for equipment and materials

Description and cost of labor

Total Vehicle Modification Service Cost Quote, **including all applicable taxes**, approved and signed by the Participant and the Vehicle Owner (if not the same) and the Provider

Permission of the Vehicle Owner and verification that the vehicle is the participant's primary means of transportation

Assurance that project will comply with Americans with Disabilities Act (ADA) guidelines, as relevant

Assurance that project will comply with all relevant state, city and county laws

Warranty period on parts and labor (minimum of 1 year)

Projected Start Date and Projected Completion Date

2 copies of EM Providers License, or appropriate certification to perform the work described (1 for CSC to submit to TPA, For Participant Directed: 1 for FMA w/ PRF)

2 copies of Providers' liability/insurance (1 for CSC to submit to TPA, For Participant Directed: 1 for FMA w/ PRF)

All attachments and information necessary attached.

Agreement: By signing this document, I agree the above conditions will be met for this Vehicle Modification.

Participant _____ Vehicle Owner _____
(Signature) (If not the same as CSC Participant)

Contractor _____
(Signature)

NOTES: _____