HRSN Home Modification & Remediation Scope of Work Form

Name of YCCO member: _____ OHP ID: _____

Home Modification ☐ Home Remediation ☐

Does this require a permit? ☐ Yes ☐ No

If yes, please attach permit

Describe the work to be completed in the home (please be specific)

_____

_____

_____

_____

_____

_____

Qualifying Health Condition: _____

How the service will alleviate health needs:

Name and contact of company/professional completing the home modification/remediation for member with qualifying health condition.

Name: _____ Phone: _____

Business License #: _____

CCB #: _____

Date(s) work will be scheduled:

Estimated Cost of Work

If you have additional information or a written proposal, please attach it to this document.

Description	Amount
Total Cost	

_____ _____

Signature ***Date***

Landlord Approval

I, _____, approve of the above home modification/remediation in the dwelling of _____. I understand that _____ and Yamhill CCO is responsible for payment of work to be completed.

_____ _____

Landlord Signature ***Date***