

# 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*