## KAT Home Modification Guidelines and Procedures

APPLICATION ADDENDUM A

Provide each party a chance to review this page before signing the following signature page.

1. The need for the modifications must be supported by a recommendation from an OT, PT, or physician. If the applicant is a client of the Division of DMH, the need for the modifications should be documented in the applicant’s Personal Plan. The applicant should provide a copy of the recommendation and of the section of the DMH Personal Plan that supports the need for the modifications.
2. **The applicant must be the home owner**.
3. The applicant must have a disability service coordinator (DMH, SHCN, etc.) that has met with the family and visited the home to review the modifications that are needed along with the justification of need and how the need is related to the disability.
4. The family obtains bids from two different contractors. Two bid proposals are required. It is important that all contractors provide the same information for the bids. Warranty period on the work and expected timeframes must be spelled out in each contractors quote.
5. When bids are received, they are to be reviewed by the family and service coordinator. Upon agreement by the family and the service coordinator that the bids reflect the access modifications needed, the applicant and service coordinator will sign off to agree on the contractor selected (pages 7 & 8).
6. The family, contractor, and service coordinator must agree to and sign off on these Home Modification Guidelines and Procedures (Pages 7 & 8).
7. Any changes to the original bid must be reviewed signed and dates by all parties (family, contractor and service coordinator) that they agree to those changes.
8. When the work is completed, a walk through needs to be done with the family, service coordinator, and contractor. The family and service coordinator must agree that the work has been completed to their satisfaction, prior to payment being made to the contractor.
9. Neither Missouri Assistive Technology, nor the State of Missouri, will have any responsibility for determining whether the work has been completed satisfactorily, nor will have any ownership, nor any responsibility for any type of repairs or maintenance to the modifications. If there is disagreement between the family and service coordinator on the satisfactory completion of the work, the service coordinator will make the final decision and sign off on releasing payment to the contractor.
10. Payment to the approved vendor is only provided after all signatures are on the completion worksheet and the form is provided to MoAT.
11. Contractor must be a registered vendor with the State of Missouri to receive payment. This is not a requirement to place a bid with the application.

## ESTIMATE 1

## Guideline Signature Page

APPLICATION ADDENDUM B

### This Guidelines Form MUST be provided with a Home Modification request Application

### Special Note:

* Any structural work that needs to be done is the family’s responsibility.
* KAT does not pay for additional space added to a home, only modifications to the existing structure.
* Homes must be owned by the family.
* Home modifications must be done in homes where the family resides.
* An approved contractor is only paid after the work is completed, and a three party completion form is signed and returned to MoAT.
* If the family wants to use a specific or a preferred contractor or wants additional work done that is not related to the disability, KAT will not pay for anything unrelated to access modifications or assistive technology. KAT typically will pay up to the lowest bid and the family will be responsible for the balance. Any modifications for which the family is paying should be noted in the application.

I have read and understand these guidelines titled “KAT Home Modification Guidelines and Procedures.”

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Parent(s)/ Guardian(s) Date

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Contractor # 1 Date

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Service Coordinator Date

## ESTIMATE 2

## Guideline Signature Page

APPLICATION ADDENDUM C

### This Guidelines Form MUST be provided with a Home Modification request Application

### Special Note:

* Any structural work that needs to be done is the family’s responsibility.
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* Homes must be owned by the family.
* Home modifications must be done in homes where the family resides.
* An approved contractor is only paid after the work is completed, and a three party completion form is signed and returned to MoAT.
* If the family wants to use a specific or a preferred contractor or wants additional work done that is not related to the disability, KAT will not pay for anything unrelated to access modifications or assistive technology. KAT typically will pay up to the lowest bid and the family will be responsible for the balance. Any modifications for which the family is paying should be noted in the application.

I have read and understand these guidelines titled “KAT Home Modification Guidelines and Procedures”.

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Parent(s)/ Guardian(s) Date

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Contractor # 1 Date

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Service Coordinator Date

## HOME MODIFICATION COMPLETION WORKSHEET

APPLICATION ADDENDUM A

**To be signed and submitted to MoAT Kids Assistive Technology upon completion of home modification.**

The signatures below confirm that the contractor has completed the work, as agreed. I have read the above and agree.

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Parent(s)/ Guardian(s) Date

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Approved Contractor Date

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Service Coordinator Date