



Supports Coordinator: _____

Phone Number: _____ Fax: _____

Home Repair/Modification Request Form

Participant Name: _____
First M. I. Last

Address: _____
Physical/ Street Address City/Town State Zip Code

Phone Number: _____ Alternative Contact: _____
Name & Phone Number

This domicile is currently occupied by and is intended to be the permanent residence of the participant listed above.

Property Owner: Participant Other, please complete below:

Name: _____ Phone Number: _____

Brief Description of Work to be Completed w/ Rationale: _____

I certify that the property is not condemned and hereby release and hold harmless UPCAP and any volunteers involved in the modifications on my property from liabilities, claims or damages, present or futures, arising from the home repair modifications.

Property Owner Signature/Agreement Date

Provider Bids/Estimates

1. _____
Provider Name Contact Info/Phone Number

Bid/Estimate of Cost: _____ Bid Attached Bid Approved
(checked by Director only)

2. _____
Provider Name Contact Info/Phone Number

Bid/Estimate of Cost: _____ Bid Attached Bid Approved
(checked by Director only)

If only one bid is included explain: _____

UPCAP Authorization

UPCAP Director Signature Date

Submit this form with the following to the Case Tech: Approved Bid Provider Invoice Work Order/Authorization