



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