

State of Vermont
Department of Disabilities, Aging & Independent Living
**Agency Accessibility Modification Plan
And
Request for Modification Reimbursement**

The Provider Agency will provide a copy of the Accessibility Assessment report with the Shared Living Provider, and work with them to complete the home modifications. The Provider Agency is responsible for overseeing the implementation of a plan to initiate the home modifications within 10 days and uploading the plan into the DAIL Housing Portal, completing the modifications within 45 days, and notifying the Provider Agency when the identified items have been corrected.

The Provider Agency is responsible for monitoring the Shared Living Provider’s progress, confirming that the modifications are corrected within the timelines established by DAIL, and once all required modifications are made and verified, will create a follow-up Accessibility Assessment in the DAIL Housing Portal.

Provider Agencies may be reimbursed up to \$1,000.00 per Participant for costs incurred for implementing home modifications within the 45-day timeline requirement. The modification(s) must be listed on the Accessibility Contractors report, and reimbursement requests may **ONLY** be submitted for **approved Accessibility Assessments performed by the Housing Accessibility Contractor after December 2022**. Please refer to the [Housing Safety and Accessibility Inspection Process Protocol Accessibility Assessment Addendum](#).

To request reimbursement, the Provider Agency must complete this reimbursement form, all the required information, and include any receipts and invoices obtained. All invoices submitted will be required to be on business letter head from the business or contractor that performed the work. Note: Labor cannot be paid to individuals who live in the home and all work is required to be completed at a reasonable cost.

PARTICIPANTS NAME:	
ADDRESS:	
AGENCY NAME:	
NAME/TITLE OF AGENCY STAFF MEMBER:	
ASSESSMENT IDENTIFICATION NUMBER (AID):	
SHARED LIVING PROVIDER NAME:	

PARTICIPANTS NAME:	
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Home Modification for Accessibility

Please complete the information below for the home modification(s) identified on the Accessibility Assessment by the DAIL Accessibility Contractor, and the plan that will be followed to implement these modifications. The Provider Agency must upload the plan into the DAIL Housing Portal within 10 days after receiving the Accessibility Assessment.

The Provider Agency may use this plan to record actions taken to complete the modifications; however, updates of the actions taken on the plan are not required to be uploaded into the DAIL Housing Portal unless requested by DAIL. The completed plan will be required to be uploaded for reimbursement of the modifications (See below)

Assessment Item Number (AI)	
Description of Modification	
Planned Date of Completion	
Plan of action	
Actions Taken or Comments	
Modification Cost	
Requesting Cost Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assessment Item Number (AI)	
Description of Modification	
Planned Date of Completion	
Plan of action	
Actions Taken or Comments	
Modification Cost	
Requesting Cost Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANTS NAME:	
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Assessment Item Number (AI)	
Description of Modification	
Planned Date of Completion	
Plan of action	
Actions Taken or Comments	
Modification Cost	
Requesting Cost Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assessment Item Number (AI)	
Description of Modification	
Planned Date of Completion	
Plan of action	
Actions Taken or Comments	
Modification Cost	
Requesting Cost Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assessment Item Number (AI)	
Description of Modification	
Planned Date of Completion	
Plan of action	
Actions Taken or Comments	
Modification Cost	
Requesting Cost Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANTS NAME:	
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Assessment Item Number (AI)	
Description of Modification	
Planned Date of Completion	
Plan of action	
Actions Taken or Comments	
Modification Cost	
Requesting Cost Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assessment Item Number (AI)	
Description of Modification	
Planned Date of Completion	
Plan of action	
Actions Taken or Comments	
Modification Cost	
Requesting Cost Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If additional space is necessary for Assessment Items,
please use the Home Modification for Accessibility Assessment Items Attachment form*

Reimbursement

If the Provider Agency is requesting Reimbursement for any home modifications for the Accessibility Assessment, the information above is required to be filled out for each home modification, and the information below must be filled out.

To request reimbursement, the modifications must be made within the 45-day timeline requirement, this form with the invoices must be uploaded into the DAIL Housing Portal, and the Provider Agency must submit a Reimbursement Request notice to DAIL. Please refer to the process steps in the [Housing Safety and Accessibility Inspection Process Protocol Accessibility Assessment Addendum](#).

IMPORTANT: Please be sure to include information for all items being requested for reimbursement. The agency may only submit one (1) reimbursement request per Assessment. (Ex: If the agency wants to request reimbursement for 3 modification items, all 3 items must be included in 1 reimbursement request.)

1. Total Reimbursement Cost Requested:
2. Total Home Modifications Cost (Includes reimbursement cost and any other associated costs incurred):
3. Please list any additional funding sources used to help cover the total home modifications cost (MFP, DS One-time Funding, VCIL, BIP)
4. Please list all modifications made that were recommended, but not required by the Accessibility Contractor in the space below and their associated costs if you are requesting reimbursement funds.

Signature/Typed Name of Agency Staff Person submitting request: _____

Date Form Filled out and Submitted: _____