

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

This is a supplement form for Agency Accessibility Modification Plan and Request for Modification Reimbursement, when additional space for listing Assessment items is needed.

PARTICIPANTS NAME:	
ADDRESS:	
AGENCY NAME:	
ASSESSMENT IDENTIFICATION NUMBER (AID):	

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:	
ASSESSMENT IDENTIFICATION NUMBER (AID):	

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:	
ASSESSMENT IDENTIFICATION NUMBER (AID):	

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