



**Department of Health and Social Services
Division of Senior and Disabilities Services**

REQUEST FOR COST ESTIMATE: BATHROOM ACCESSIBILITY

TO: Environmental Modification Service Provider

Provider #:		
FROM: Care Coordinator:		
Care Coordination Agency:		
Phone Number:		
Fax Number:		
Email:		
RE: Recipient:		
Street Address:		
City, State, Zip Code:		
Phone Number:		
Email:		

COST ESTIMATES DUE PRIOR TO _____ 5:00 PM

CONTRACTOR: Please complete this cost estimate sheet and fax it to the above number. Completion of all items of this cost estimate is required for approval.

COST ESTIMATE SCOPE OF WORK: Total bathroom accessibility modification. All environmental modifications must meet the 1998 Americans with Disabilities Act Accessibility Guidelines. Please document within this cost form, any reasons the 1998 Americans with Disability Act Accessibility Guidelines cannot be complied with. This work must also meet the requirements of the current adopted Uniform Plumbing Code.

1. See below to provide cost estimates for labor, demolition cost, materials, any required permits, fees and equipment necessary to remove existing bathtub, toilet and sink unit. Demo floor covering if necessary to this modification, all molding in the bathroom and door molding to include the molding on exterior of bathroom door. Demolish only the wallboard and studs necessary for installation of a 36 inch door.
2. All work is planned to meet the needs of _____ and his/her wheelchair accessibility requirements.
3. Color and style of bathroom fixtures conforms to current home decor.
4. Install reinforcement for grab bars in the shower and toilet area. L shaped grab bar in shower is installed between 33 and 36 inches in height from the shower floor to meet recipient needs. Grab bars are 1¼ to 1½ inches in diameter (sized to recipient grip) and shall provide a clearance of 1½ inches between bar and wall. The structural strength of the bars in relation to bending stress, shear stress, shear force and tensile force shall all accommodate the application of 250 pounds. Recipient/family can direct the location of this bar so that it meets his needs.

5. Install an ADA roll/walk-in shower with seat, grab bars and handheld shower. Shower is installed level with the adjacent open area. Shower pan to have a slope directed towards the drain. A 30- inch deep minimum by 60-inch wide minimum clearance shall be provided adjacent to the open face of the shower compartment. Recommendation: allow for twelve inches of additional clear floor space at the rear of the seat area to facilitate side transfers.
6. Anti scald shower control valve is installed 38 to 40 inches from the shower floor to meet recipient needs.
7. Shower surround is installed and water proofed with caulk.
8. Handheld shower with a flexible hose of 60-inch in length. Install a glide bar for the handheld shower to meet recipient specifications.
9. Install an ADA sink and counter top only, which includes the sink area and the space to side of the sink. The distance to the top rim of the sink is not greater than 34 inches. There is to be 27 inches of clearance under the sink.
10. The faucet control handles are located not more than 17 inches from the front edge of the lavatory.
11. There is to be a minimum of 48 inches wheel chair clearance in the bathroom sink area.
12. A knee clearance of not less than 27 inches in height, 30 inches in width and 19 inches in depth shall be provided underneath the sink.
13. All drainpipes shall be metal with padding/insulation covering drainpipes and hot water feed lines.
14. Bottom of any existing vanity mirror is to be centered on the sink. Vanity mirror is installed with the mirror base at a maximum height of 40 inches from the floor. Vanity mirror shall not to interfere with hand controls for sink.
15. Reinstall any existing vanity light bar centered on and parallel to vanity mirror.
16. Install ADA toilet of 17 to 19 inches in height. Measure to fit recipient. Assure that toilet is securely attached to floor and caulked in place. Toilet seat is screwed in place.
17. Install ADA grab bars to the back and one side of the toilet. The bar at the side is to be a fold up grab bar with supporting leg, firmly mounted to studs. Bars meet the specifications in #4 above.
18. Toilet paper and any other dispenser shall be installed within easy reach of the toilet and not obstruct operation of the grab bar.
19. Finish wall surfaces to match bathroom color and texture.
20. Install a 36-inch door to bathroom. Door and finish match existing home doors and finish.
21. Reinstall flooring, floor molding and door moldings.

Contractors are encouraged to obtain before, during and completion photographs.

COST ESTIMATE SUMMARY: Please attach an itemized list containing a breakdown for each of the following cost estimate categories. If there is no cost please put "None" or "N/A."

Demolition Cost:	
Materials and Equipment (list items and include manufacturer, model, and weight-bearing limit if applicable):	
Labor:	
Specify Fees:	

List Permits Required:		
COST ESTIMATE TOTAL:		
Administrative Fee: \$50.00 or 2% of the total cost		
(Note: an administrative fee is authorized for HC Agencies only)		
PROJECTED START DATE:		
ESTIMATED COMPLETION DATE:		
<i>SUBMITTED BY:</i>		
Company Name:		
Street Address:		
Phone Number:		
Name:		
Title:		
List License Type:		
Email:		

If you crossed out any items above to indicate that you are not providing them, please explain why:

If a permit is required, the request for final payment must include a copy of the approved inspection report including ongoing and final pictures.

Statement: If approved, I agree to perform the work of this environmental modification as specified in the scope of work, cost estimate summary and itemized list of cost estimate categories. I further agree that no changes are made to this work without approval of the Division of Senior and Disabilities Services.

Signature Date Time