



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

**REQUEST FOR COST ESTIMATE:
DOOR 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	

(Date)

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: Door 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.

1. See below to provide cost estimates for labor, demolition cost, materials, any permits (if required), fees and equipment necessary to remove exiting doors, reframe and install a total of	
accessible doors to be located in	

2. The doors shall be capable of being opened so that the clear width of the opening is not less than 32 inches.
 3. Thresholds for door shall be level.
 4. Door and finish match existing home doors and finish
 5. Finish wall surfaces to match color and texture surrounding area.
 6. If a pocket door or barn style door is required to meet this need, document the reason a standard door cannot be used in the description of work area of the cost estimate form.
- 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	
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Materials and Equipment (list items)	
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:	
SUBMITTED BY:	
Company Name	
Street Address	
State	City
Zip Code	Phone Number
Name	Title
Email	
List License Type:	

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 photos.

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