



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

REQUEST FOR COST ESTIMATE: HAND RAILS/GRAB BARS

To: Environmental Modification Service
Provider Number #:

From: Care Coordinator:
Care Coordination Agency:
Phone Number:
Fax:
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: Hand Rails/Grab Bars. 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. Provide cost estimate for labor, demolition cost, materials, any required permits, fees and equipment necessary to install grab bars are to be located in the recipient's residence.
2. The length of the grab bar is _____.
3. Install reinforcement for grab bars in the area. Grab bars are installed between 33 and 36 inches in height from the shower floor to meet recipient needs. Grab bars are 1 ¼ to 1 ½ inches in diameter (sized to recipient grip) and shall provide a clearance of 1 ½ 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 recipient's needs.
4. Grab bars of wood construction have smooth finish and are free of splinters.
5. Finish wall surfaces to match bathroom color and texture.

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.

Demolition Cost:

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:

Phone Number:

Name:

Title:

License Type:

Email:

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: