

# Portage County Board of Developmental Disabilities

## FSSP Checklist for Home Modifications

FSSP Family making request: \_\_\_\_\_

Name of Eligible Individual: \_\_\_\_\_

- Family Eligible       YES       NO – if no please contact county board
- Family Co-Pay \_\_\_\_\_%      1040 Form Submitted  YES       NO – if no, do not process
- Family Used Allocation \$\_\_\_\_\_/      Unused Allocation \$\_\_\_\_\_
- Is the modification adaptive in nature  YES       NO – if no, do not process
- Recommendation from physician, therapist (PT/OT) attached
- Three (3) quotes** attached that all are quoting similar items for better comparison of pricing
- Does the family own the home they are asking for home modification for?**
- Provide documentation that they are home owner (county auditor website and/or mortgage company)
- Is this modification for a rental home?**
- Provide documentation from landlord that tenant is in good standing
- \*\*\*Please be advised just because they provide documentation their request may not be approved it is only being considered\*\*\***
- Is this modification for a family who has a land contract?**
- Are they in good standing with the land owner (letter from land owner)
- \*\*\*Please be advised just because they provide documentation their request may not be approved it is only being considered\*\*\***
- If all items above have been verified, proceed with processing to the county board for review and include this checklist.
- Verify installation of item approved      Date: \_\_\_\_\_