

Maryland State Department of Education
Division of Rehabilitation Services
Home Modifications – Preliminary Information

Consumer Name: _____ PID#: _____

The following information is needed to begin the assessment process to determine to what extent home modifications are needed based on the disability of the consumer and the status of the residence. To be completed by the consumer.

Information about the Consumer's needs

Nature of the disability, functional limitations and restricted activities:

Information about the Residence

Address of Residence: _____

Official owner(s) of record of the property/name(s) on deed:

Age and general description of residence:

General description of requested modifications:

Safety issues or concerns related to the requested modifications:

Describe any current or previous home modifications and any warranty information regarding those modifications:

Governing Entities Related to the Property/Residence

This property is in a neighborhood governed by (please check and describe all that apply):

☐ Covenant(s)

Name of Publication: _____

Copy Architectural Guidelines/rules available? ☐ Yes ☐ No

☐ Neighborhood Association

Name of Association: _____

Association Contact Name: _____

Contact Phone/Email: _____

☐ Historical District

Name of District: _____

☐ Condominium Association

Name of Association: _____

Association Contact Name: _____

Contact Phone/Email: _____

☐ Other Entity/Entities

Please describe and give contact information:

☐ No Governing Entities for this residence

My signature confirms the following:

1. I/we do not have any plans within one (1) year of the date of signature to sell the property or move or take any actions that would make proceeding with the proposed modifications impractical at this time. If plans change and I/we plan to leave this property, I will notify my DORS counselor within 2 days of becoming aware of such an event.
2. I understand it is my responsibility to provide information on this form before DORS can consider developing plans for modifications.
3. I agree to attend any meetings related to obtaining necessary approvals for proceeding with the plans, drawings and any construction related to requested modifications.
4. I agree to display any required building permits which the contractor obtains, for association/district inspectors to see.
5. I agree to allow required city/county and DORS inspections of the installation of modifications.
6. I understand that neither DORS nor contractors selected through a bidding process will be responsible in any way for problems resulting from my failure to participate in obtaining any necessary approval(s) or allowing required inspections.
7. If DORS chooses, it has permission to remove modifications which may have been undertaken or completed and restore the property to its approximate original condition if modifications are no longer needed; however, I understand that DORS is under no obligation to do so.

DORS Consumer/Homeowner Signature/Date:

Co-owner Signature/Date:

DORS counselor: Forward this information to RTS with the WTC Service Authorization for Rehabilitation Technology Services (RTS) Assessment – Residential Modification and CORF Assessment – OT Assessment, per RSM 2, Section 1603.06.