**Appendix H**

**EOAHMP Completed Work Documentation**

**Older Adults Home Modification Program**

**Completed Work Documentation[[1]](#footnote-3)**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Study ID:** |  | **Today’s Date** (mm/dd/yyyy) | **Form Completed By:**  |
| **Site ID** | **Field Team ID** | **Client ID** |  | **Name** | **Job Title** | **Organization** |
|  |  |  |  |  |  | *(dropdown menu: OT, OTA, CAPS, other [Specify])* |  |

*OMB Control No. 2528-0335, expiration date 5/31X/2025. This form is designed to provide HUD with information about the effectiveness of its Older Adults Home Modification Grant Program. Your participation in the Evaluation as a grantee is mandatory as a condition of the grant. The Public reporting burden for your collection of information is estimated to be 30 minutes per response. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.*

*REDCap: Attach the Empty Work Documentation Excel Template.*

*Grantee Instructions: The purpose of this form is to document home modification tasks and costs. Do not include costs related to assessing the home to determine home modifications needed (e.g., OT-related assessment costs) or costs to administer the OAHM Program (e.g., grantee project management costs). Number home modification tasks, entering one home mod per row. Optional: Upload supporting documentation (e.g., invoices). List any donated materials, with $0 cost.*

**1a. Home Modification Start Date (mm/dd/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1b. Home Modification Work Completion Date: (mm/dd/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **1c. Were additional home modification work provided after initial work completed?□** Yes *REDCap: Allow additional start and completion dates)* □ No

**1d. Additional Home Mod Start Date (mm/dd/yyyy):**   **1e. Additional Home Mod Work Completion Date (mm/dd/yyyy):**

1. **Was HUD OLHCHH pre-approval obtained for this work?** □ Yes □ No
2. **Did this work require a HUD environmental review?** □ Yes *(include any associated costs in table below)* □ No

*Grantee Cost Instructions: (REDCap: Include potential funding sources in dropdown list)*

*•If the funding source indicates you should specify the funding source, enter the source in the “Specify funding source” column.*

*•Do not list costs to assess the home to determine the home modifications needed (e.g., OT-related assessment costs).*

*•Do not list costs to administer the OAHM Program (e.g., grantee project management costs).*

*•Include overhead/profit in the costs, if applicable*

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Sources for Home Modsa** | **Specify Funding Source** | **Cost** | **Notes (optional)** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **TOTAL HOME MODIFICATION COST** | **$0** |  |

a Only include grantee costs associated with completing the listed home modification task. Do not include grantee labor costs associated with managing the OAHM Program.

*Grantee Instructions: Enter home modification and adaptive equipment tasks, entering one task category per row. For example, do not enter “lighting” and “adaptive equipment” on a single row. Number the tasks sequentially. (REDCap: See pages 2-3 for column dropdown lists)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Task #** | **Task Details** | **Room** | **Program Paying for Task**  |
| **Category (select one/ row)** | **Item****(select one/ row)** | **Task****(select one/ row)** | **Description** | **Type (select one/ row)** | **Room Description (optional)** | **Program Type (select one/ row)** | **Specify Program Name** |
|   |   |   |   |   |   |   |   |   |
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**Older Adults Home Modification Program**

**Documentation of Home Modification Work**

**REDCap Dropdown Lists:**

**Task Specified By**: OT, OTA, CAPS, RN, other Home Mod Contractor, Social Worker, Other (Specify)

**Task Type**: Grantees should pick one description per row. For example, they should not enter “repair stairs” and “install railing/banister” in a single row.

|  |  |  |
| --- | --- | --- |
| **Feature or System** | **Specify details** | **Activity** |
| Accessibility item | □ graded ground ramp□ temporary/modular ramp□ permanent ramp with footings set into ground□ stairlift□ wheelchair platform and liftSpecify:  | □ Repair □ Replace □ Install temporary item □ Install permanent item |
| Adaptive equipment | Specify: | *(no check boxes here)* |
| Carpet |  | □ Repair □ Replace □ Remove □ Install |
| Exterior Door *(Room=Exterior):* |  | □ Adjust door swing □ Install automatic door or door openers □ Install door hinge offset or swing clear door hinges □ Install hands-free door hold open capability□ Replace door lock□ Install magnetic screen door□ Install or adjust height of peephole□ Add security technology to door□ Install secure slide latch or chain□ Repair broken door window pane(s)□ Repair door □ Replace door □ Install new door□ Widen doorway□ Other Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Interior Door |  | □ Adjust door swing □ Install automatic door or door openers □ Install door hinge offset or swing clear door hinges□ Install hands-free door hold open capability□ Replace door lock□ Repair door □ Replace door □ Install new door□ Widen doorway□ Other Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Electrical features | Specify: | □ Install light switches/electrical outlets□ Replace light switches/electrical outlets□ Move light switches/electrical outlets□ Install GFCI outlets in wet areas□ Repair light switches/electrical outlets □ Rewire home □ Install new electrical service□ Replace/move electrical panels□ Other Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Floors |  | □ Repair □ Replace □ Install new floor □ Install/replace carpet □ Other Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Grab bars |  | □ Repair □ Replace □ Install |
| Gutters/downspouts *(Room=Exterior)* |  | □ Repair □ Replace □ Install |
| Hallways |  | □ Widen hallway |
| Door Handles  | Specify: | □ Repair □ Replace □ Install |
| Faucet Handles | Specify: | □ Repair □ Replace |
| Handrails, railings, stair banisters |  | □ Repair □ Replace □ Install |
| Home Safety Device | Specify: | □ Repair □ Replace □ Install □ Install fire suppression system |
| HUD Environmental Review |  | *(no check boxes here)* |
| HVAC/plumbing system | Specify: | □ Repair □ Replace thermostat □ Install □ Replace major feature |
| Kitchen |  | □ Repair/replace existing cabinetry □ Replace cabinet hardware□ Install/replace fire extinguisher□ Install automatic stove shutoff device□ Remodel kitchen□ Install lower work surface that can be used while seated□ Lower cabinets□ Repair/replace countertop(s)□ Appliance repair Specify appliance:\_\_\_\_\_\_\_\_\_\_□ Appliance replacement Specify appliance:\_\_\_\_\_\_\_\_\_\_\_□ Other Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Laundry |  | □ Move washer and/or dryer□ Replace washer and/or dryer□ Other Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Lighting | Specify:  | □ Repair □ Replace □ Remove □ Install |
| Pathways/walkways and driveways *(Room =Site)* |  | □ Repair □ Replace □ Place anti-slip tape, colored tape, or paint on surfaces □ install pathway lighting |
| Porch (not including railings) *(Room=Exterior)* |  | □ Repair □ Replace □ Install  |
| Pressure-mounted pole (“superpole”) |  | □ Repair □ Replace □ Install  |
| Roof *(Room=Exterior)* |  | □ Repair □ Replace  |
| Shelving or cabinetry |  | □ Repair □ Replace □ Move □ Install |
| Bathroom *(Room=Bathroom)* |  | □ Add nonskid strips to tub/shower floor□ Install handheld or adjustable showerhead□ Install tub cuts to enable easy entry/conversion to shower□ Install curved shower curtain rod□ install pedestal or wall-hung sink for wheelchair accessibility□ Insulate or cushion exposed pipes beneath sink□ Install/replace/adjust bathroom mirror, toilet paper holder, and other permanent accessories□ Replace cabinet hardware□ Repair wall tile□ Secure rugs with carpet mesh or double-sided rug tape□ Install toilet riser with handles□ Install toilet safety frame or rails□ Toilet Repair □ Toilet Replace □ Remodel bathroom □ Install new wall tile□ Install walk-in tub or shower □ Other Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Slippery surfaces | Specify: | □ Power-wash □ Non-skid strips |
| Stairs/steps-Exterior *(Room=Exterior)* | Specify:  | □ Repair □ Replace □ Place anti-slip tape, colored tape, or paint on surfaces |
| Stairs/steps-Interior |  | □ Repair □ Replace □ Maintain chair lift/stair climber □ Place anti-slip tape, colored tape, or paint on surfaces □ remove carpet  |
| Temporary Resident Relocation |  | *(no check boxes here)* |
| Thresholds/Room Transitions |  | □ Repair □ Replace □ Remove |
| Walls and ceilings |  | □ Repair □ Install new |
| Windows *(Room≠Exterior)* |  | □ Repair □ Replace |
| Other | (Specify): | □ Repair □ Replace □ Remove □ Move □ Install □ Complete room remodel |

**Location:**

|  |  |
| --- | --- |
| **Room** | **Specify Details (e.g., location in home)** |
| Site (for tasks conducted outdoors on client’s property [e.g., client’s driveway, cient’s deck, client’s yard]) |  |
| Exterior (for tasks conducted on home exterior [including entrance doors, porches, balconies, etc.]) |  |
| Hallway |  |
| Living Room/Family Room |  |
| Foyer |  |
| Bathroom |  |
| Laundry |  |
| Kitchen |  |
| Dining Room |  |
| Bedroom |  |
| Other  |  |

**Program Paying for Task**: OAHM Program, Other in-house program (specify), DOE/Weatherization, CDBG, referral organization (Specify), Other (Specify)

1. Code for this document: Black font=Question asked of the grantee; *Blue italics* = Instruction for the grantee; *yellow highlighted italics*: Instruction for Excel programmer. [↑](#footnote-ref-3)