

Appendix H

EOAHMP Completed Work Documentation

Older Adults Home Modification Program Completed Work Documentation¹

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

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):** _____

2. Was HUD OLHCHH pre-approval obtained for this work? Yes No

3. 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 Mods ^a	Specify Funding Source	Cost	Notes (optional)

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.

Approved OMB Control No: [to be inserted]

Expiration Date [to be inserted]

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

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	<input type="checkbox"/> graded ground ramp <input type="checkbox"/> temporary/modular ramp <input type="checkbox"/> permanent ramp with footings set into ground <input type="checkbox"/> stairlift <input type="checkbox"/> wheelchair platform and lift Specify:	<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Install temporary item <input type="checkbox"/> Install permanent item
Adaptive equipment	Specify:	<i>(no check boxes here)</i>
Carpet		<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Remove <input type="checkbox"/> Install
Exterior Door (Room=Exterior):		<input type="checkbox"/> Adjust door swing <input type="checkbox"/> Install automatic door or door openers <input type="checkbox"/> Install door hinge offset or swing clear door hinges <input type="checkbox"/> Install hands-free door hold open capability <input type="checkbox"/> Replace door lock <input type="checkbox"/> Install magnetic screen door <input type="checkbox"/> Install or adjust height of peephole <input type="checkbox"/> Add security technology to door <input type="checkbox"/> Install secure slide latch or chain <input type="checkbox"/> Repair broken door window pane(s) <input type="checkbox"/> Repair door <input type="checkbox"/> Replace door <input type="checkbox"/> Install new door <input type="checkbox"/> Widen doorway <input type="checkbox"/> Other Specify: _____
Interior Door		<input type="checkbox"/> Adjust door swing <input type="checkbox"/> Install automatic door or door openers <input type="checkbox"/> Install door hinge offset or swing clear door hinges <input type="checkbox"/> Install hands-free door hold open capability <input type="checkbox"/> Replace door lock <input type="checkbox"/> Repair door <input type="checkbox"/> Replace door <input type="checkbox"/> Install new door <input type="checkbox"/> Widen doorway <input type="checkbox"/> Other Specify: _____
Electrical features	Specify:	<input type="checkbox"/> Install light switches/electrical outlets <input type="checkbox"/> Replace light switches/electrical outlets <input type="checkbox"/> Move light switches/electrical outlets <input type="checkbox"/> Install GFCI outlets in wet areas <input type="checkbox"/> Repair light switches/electrical outlets <input type="checkbox"/> Rewire home <input type="checkbox"/> Install new electrical service <input type="checkbox"/> Replace/move electrical panels <input type="checkbox"/> Other Specify: _____
Floors		<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Install new floor <input type="checkbox"/> Install/replace carpet <input type="checkbox"/> Other Specify: _____
Grab bars		<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Install
Gutters/downspouts (Room=Exterior)		<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Install
Hallways		<input type="checkbox"/> Widen hallway
Door Handles	Specify:	<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Install
Faucet Handles	Specify:	<input type="checkbox"/> Repair <input type="checkbox"/> Replace
Handrails, railings, stair banisters		<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Install

Home Safety Device	Specify:	<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Install <input type="checkbox"/> Install fire suppression system
HUD Environmental Review		(no check boxes here)
HVAC/plumbing system	Specify:	<input type="checkbox"/> Repair <input type="checkbox"/> Replace thermostat <input type="checkbox"/> Install <input type="checkbox"/> Replace major feature
Kitchen		<input type="checkbox"/> Repair/replace existing cabinetry <input type="checkbox"/> Replace cabinet hardware <input type="checkbox"/> Install/replace fire extinguisher <input type="checkbox"/> Install automatic stove shutoff device <input type="checkbox"/> Remodel kitchen <input type="checkbox"/> Install lower work surface that can be used while seated <input type="checkbox"/> Lower cabinets <input type="checkbox"/> Repair/replace countertop(s) <input type="checkbox"/> Appliance repair Specify appliance: _____ <input type="checkbox"/> Appliance replacement Specify appliance: _____ <input type="checkbox"/> Other Specify: _____
Laundry		<input type="checkbox"/> Move washer and/or dryer <input type="checkbox"/> Replace washer and/or dryer <input type="checkbox"/> Other Specify: _____
Lighting	Specify:	<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Remove <input type="checkbox"/> Install
Pathways/walkways and driveways (Room =Site)		<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Place anti-slip tape, colored tape, or paint on surfaces <input type="checkbox"/> install pathway lighting
Porch (not including railings) (Room=Exterior)		<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Install
Pressure-mounted pole ("superpole")		<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Install
Roof (Room=Exterior)		<input type="checkbox"/> Repair <input type="checkbox"/> Replace
Shelving or cabinetry		<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Move <input type="checkbox"/> Install
Bathroom (Room=Bathroom)		<input type="checkbox"/> Add nonskid strips to tub/shower floor <input type="checkbox"/> Install handheld or adjustable showerhead <input type="checkbox"/> Install tub cuts to enable easy entry/conversion to shower <input type="checkbox"/> Install curved shower curtain rod <input type="checkbox"/> install pedestal or wall-hung sink for wheelchair accessibility <input type="checkbox"/> Insulate or cushion exposed pipes beneath sink <input type="checkbox"/> Install/replace/adjust bathroom mirror, toilet paper holder, and other permanent accessories <input type="checkbox"/> Replace cabinet hardware <input type="checkbox"/> Repair wall tile <input type="checkbox"/> Secure rugs with carpet mesh or double-sided rug tape <input type="checkbox"/> Install toilet riser with handles <input type="checkbox"/> Install toilet safety frame or rails <input type="checkbox"/> Toilet Repair <input type="checkbox"/> Toilet Replace <input type="checkbox"/> Remodel bathroom <input type="checkbox"/> Install new wall tile <input type="checkbox"/> Install walk-in tub or shower <input type="checkbox"/> Other Specify: _____
Slippery surfaces	Specify:	<input type="checkbox"/> Power-wash <input type="checkbox"/> Non-skid strips
Stairs/steps-Exterior (Room=Exterior)	Specify:	<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Place anti-slip tape, colored tape, or paint on surfaces
Stairs/steps-Interior		<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Maintain chair lift/stair climber <input type="checkbox"/> Place anti-slip tape, colored tape, or paint on surfaces <input type="checkbox"/> remove carpet
Temporary Resident Relocation		(no check boxes here)
Thresholds/Room Transitions		<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Remove
Walls and ceilings		<input type="checkbox"/> Repair <input type="checkbox"/> Install new
Windows (Room≠Exterior)		<input type="checkbox"/> Repair <input type="checkbox"/> Replace
Other	(Specify):	<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Remove <input type="checkbox"/> Move

		<input type="checkbox"/> Install <input type="checkbox"/> Complete room remodel
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Location:

Room	Specify Details (e.g., location in home)
Site (for tasks conducted outdoors on client's property [e.g., client's driveway, client'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)