



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

**REQUEST FOR COST ESTIMATE
ELEVATED TOILET WITH GRAB BARS**

To: Environmental Modification Service Provider:
Provider #:

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: Elevated toilet with grab bars accessibility modification. 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. This work must also meet the requirements of the current adopted Uniform Plumbing Code.

1. Provide cost estimates for labor, demolition cost, materials, any required permits, fees and equipment necessary to remove existing toilet and wallboard necessary to install grab bars.
2. All work is planned to meet the needs of client and his/her accessibility requirements.
3. Color and style of bathroom fixtures conforms to current home decor.
4. Install reinforcement for grab bars in the toilet area. Grab bars are 1 ¼ to 1 ½ inches in diameter (sized to client 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 identified needs.
5. Install ADA toilet of 17 to 19 inches in height. Measure client to fit toilet. Assure that toilet is securely attached to floor and caulked in place.
6. Install ADA grab bars to the back and one side of the toilet. The bar at the side is to be a fold up grab bar. Bars meet the specifications in #4 above.
7. Toilet paper and any other dispenser shall be installed within easy reach of the toilet and not obstruct operation of the grab bar.
8. 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:

Email:

List License Type:

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: