

Department Of Education
Division of Vocational Rehabilitation
Home Modification Consumer Acknowledgment

The Division of Vocational Rehabilitation ("DVR") provides Home Modification services pursuant to Rule 6A-25.015, FAC., to eligible individuals, consistent with the individual's plan for employment, to enhance minimal accessibility to their home (the "Home Modification Services").

- If DVR determines you are eligible for this service, DVR will select a vendor (the "Vendor") experienced in providing accessibility for persons with disabilities.
- DVR will not provide Home Modifications Services to you unless, and until, you execute and return this form to DVR.
- If you are not the sole owner/tenant, or property manager of record, of the premises seeking to be modified, each additional owner/tenant of record must sign this Acknowledgment Form.

Each person executing this form agrees, represents and acknowledges, individually and collectively:

1. If DVR enters into an agreement to perform Home Modification Services on my behalf, or affecting my premises (the "Agreement"). The Agreement shall be between DVR and the Vendor, only DVR can agree to a change in the terms of that Agreement.
 - I am not a party to that Agreement, nor am I permitted to change the terms of the Agreement.
 - If I desire any upgrades or additional work done, I will not seek (or allow to be done) such upgrades or additional work required under the Agreement is finished. (This applies to any and all contractors.) The Agreement is considered finished when all required inspections, certificates and approvals have been completed. The only exception to this paragraph is when DVR agrees in writing to such additional work/upgrades.
2. Until all work is completed and approved by the public authority (ies), I will at no time (during regular construction work hours) deny reasonable access to my premises to any person(s) retained to perform the Home Modification Services provided such person(s) provides identification.
 - I will at no time interfere, in any way whatsoever, with any person's ability to timely complete any or all work under the Agreement (including obtaining any and all necessary permits and inspections).
 - I have no knowledge of any violation of law, regulation, code or ordinance regarding any part of the premises to be modified.
 - If DVR learns of any such violation, which requires more than ten percent (10%) of the Agreement amount to correct, DVR shall have the right to stop all work and return the premises (or applicable part thereof) to the condition prior to the commencement of work.
3. I have reviewed the plans and drawings prepared by DVR and/or the vendor and agree with the scope and nature of the work detailed therein. If I wish to have additional modifications by the contractor beyond the scope of work of DVR, I will provide a list of items and pay the difference prior to DVR authorizing any funds.
4. I will immediately notify my DVR counselor of any problems relating to the Home Modification Services.
 - If I violate any term of this Acknowledgment Form, DVR has the right to stop any further work from being performed under the Agreement.
 - I shall be responsible for completing such work or, if required, removing any incomplete work, to ensure my premises are not in violation of any law, regulation, code or ordinance.
 - If work performed is removed as a result of my violation of any term of this Acknowledgment Form, I shall reimburse DVR for all amounts spent by DVR in relation to the Agreement.
5. The DVR consumer and all persons having any ownership or tenancy interest in the premises being modified have executed this Acknowledgment Form.
6. DVR promotes informed consumer choice and provides a list of qualified vendors that have been recommended for rehabilitation technology services specifically for home modifications.

To Be Completed by the RE Office for Home Modification

Consumer's Name: _____

1. Recommended Vendor: _____

- Justification:
- Location
 - Lowest Cost
 - Uniqueness of modification
 - Consumer is a former customer of this vendor

Name: _____

Address: _____ Tel: _____

2. Other qualified/available Vendors:

- 1. Name & Location: _____
- 2. Name & Location: _____
- 3. Name & Location: _____

No other vendors are available.

To Be Completed by the Consumer

- I choose to select:
 - The recommended vendor
 - Another qualifying/available vendor and will pay the full difference in cost to the vendor prior to DVR authorizing any funds
- If I select another available vendor who DVR has not recommended; the vendor can be used only if they meet DVR's Standards for Qualifications.

I have carefully read this acknowledgment form, selected a vendor, and agree to fully comply with its terms.

Signature	Printed Name	Title	Social Security	Date

The Florida Vocational Rehabilitation program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2019 Federal fiscal year, the total amount of grant funds awarded were \$161,156,579. The remaining 21.3 percent of the costs (\$43,616,711) were funded by Florida State Appropriations.