



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

REQUEST FOR COST ESTIMATE: ROLL-IN SHOWER

TO: Environmental Modification Service Provider			
Provider #:			
FROM: Care Coordinator			
Care Coordination Agency:			
Phone Number:		Fax Number:	
Email:			
RE: Recipient:			
Street Address:		City	
State	Zip Code	Phone Number	
Email:			
COST ESTIMATES DUE PRIOR TO		5:00 PM	

(Date)

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: Roll-in shower 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. See below to provide cost estimates for labor, demolition cost, materials, any required permits, fees and equipment necessary to remove existing bathtub and install a roll-in shower. Demolition of floor covering as necessary for modification only. Demolish only the wallboard necessary for this work.
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 bathroom fixtures in the home.
4. Install reinforcement for grab bars in the shower and toilet area. L shaped grab bar in shower is installed between 33 and 36 inches in height from the shower floor to meet recipient's needs. A transfer grab bar of not less than 18 inches shall be installed to the outside and adjacent to the shower rear wall. 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, within these standards, so that it meets recipient's needs.
5. Install an ADA walk/roll in shower with seat, grab bars and handheld shower. Shower is installed level with the adjacent open area. Shower pan is to have a slope directed towards the drain. A 30-inch deep minimum by 60-inch wide minimum clearance shall be provided adjacent to the open face of the shower compartment. (Recommendation: twelve inches of additional clear floor space at the rear of the seat area will facilitate side transfers.)
6. Anti-scald shower control is installed 38 to 40 inches from the shower floor.
7. Shower surround is installed and water proofed with caulk.
8. Handheld shower with a flexible hose of 60-inch in length. Install a glide bar for the handheld shower to meet client specifications.
9. Finish wall surfaces to match bathroom color and texture.

10. Reinstall flooring and floor molding.

Contractors are encouraged to obtain before, during and completion photographs. If a permit is required, the request for final payment must include a copy of the approved inspection report including ongoing and final pictures.

COST ESTIMATE SUMMARY: Please attach an itemized list containing a breakdown for each of the following cost estimate categories. If there are no costs, please put "none" or "N/A."

Demolition Cost	

Materials and Equipment (list items, including manufacturer, model, and weigh-bearing limit)

Labor	

Specify Fees	

List Permits Required	

COST ESTIMATE TOTAL:		
Administrative Fee: \$50.00 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		City	
State	Zip Code	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