

State of Vermont
 Department of Disabilities, Aging & Independent Living
Agency Accessibility Modification Plan
And
Request for Modification Reimbursement
Attachment

This is a supplement form for Agency Accessibility Modification Plan and Request for Modification Reimbursement, when additional space for listing Assessment items is needed.

PARTICIPANTS NAME:	
ADDRESS:	
LN#:	
AGENCY NAME:	
ASSESSMENT IDENTIFICATION NUMBER (AID):	

Assessment Item Number (AI)	
Section Number in Accessibility Report by Direct Access	
Description of Modification	
Planned Date of Completion	
Plan of action	
Actions Taken or Comments	
Modification Cost	
Requesting Cost Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANTS NAME:	
ASSESSMENT IDENTIFICATION NUMBER (AID):	

Assessment Item Number (AI)	
Section Number in Accessibility Report by Direct Access	
Description of Modification	
Planned Date of Completion	
Plan of action	
Actions Taken or Comments	
Modification Cost	
Requesting Cost Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assessment Item Number (AI)	
Section Number in Accessibility Report by Direct Access	
Description of Modification	
Planned Date of Completion	
Plan of action	
Actions Taken or Comments	
Modification Cost	
Requesting Cost Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANTS NAME:	
ASSESSMENT IDENTIFICATION NUMBER (AID):	

Assessment Item Number (AI)	
Section Number in Accessibility Report by Direct Access	
Description of Modification	
Planned Date of Completion	
Plan of action	
Actions Taken or Comments	
Modification Cost	
Requesting Cost Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assessment Item Number (AI)	
Section Number in Accessibility Report by Direct Access	
Description of Modification	
Planned Date of Completion	
Plan of action	
Actions Taken or Comments	
Modification Cost	
Requesting Cost Reimbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No