

# Chapter 315: Home Modifications

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Vermont Division of Vocational Rehabilitation  
Policy and Procedures Manual

Revision Date: 2023

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Commented [JS1]: Need to address issue of volunteer labor

Commented [JS2R1]: Liability risk? Well intentioned not skilled not ADA compliant

### Section I: Definitions

- A. Home Modification: Is a structural modification of a participant's residence to enable them to safely access and use their home.

### Section II: General Policy

- A. Home modification services maybe provided by VR if they are necessary for the participant to achieve an employment outcome in accordance with their individual plan for employment. The Division may furnish reasonable and necessary home modifications to enable a person to do such things as safely enter/exit his/her domicile, safely access bathroom facilities (including shower or tub) and living areas (including kitchen and bedroom), and safely prepare meals.
- B. Home modifications must be in compliance with local building codes and with the Americans with Disabilities Act's (ADA) accessibility guidelines unless the situation does not permit and the person agrees to non-compliance in writing. If the domicile is not owned by the person, written permission of the owner must be obtained prior to doing the modifications.
- C. If a counselor determines home modifications maybe necessary they must consult their manager and Central Office. Competitive bidding is required for all home modifications and counselors must seek guidance on the procedures for bidding. Only home modifications to safely meet the vocational rehabilitation needs of the person, will be provided. Although the person's "master" plan may include modifications not needed to reach the vocational goal (e.g., gaining access to the attic, garden and the second bathroom upstairs), the Division's share shall include only modifications essential to the person's vocational rehabilitation plan. This policy must be clearly articulated to the person so no misunderstandings develop about the Division's role in the total modifications to the domicile
- D. Only space to be used by the person will be modified; for example, a kitchen should not be modified unless the person will be enabled to prepare and clean up after meals.

### Section II. Procedures

- A. After identifying the need for home modifications, the counselor must communicate with their manager and central office staff trained on accessibility requirements.
- B. The Regional Manager, or designee, will develop a list of building contractors interested in bidding on a specific job. The Regional Manager, or designee, will also acquire and maintain copies of local building codes, as needed.

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- C. Upon completion of the job and prior to initiating payment of the bill, the counselor will confirm the work is complete and participant has the access or functionality needed.
- D. If ADA accessibility guidelines are not able to be followed, the waiver form at the end of this chapter must be signed by the person or applicable other. The original of the signed form will be placed in the case record; a copy will be provided to the person seeking services.

### Section III Spending Guidelines

- A. The spending guideline for home modifications is \$5,000. The counselor may exceed the spending guideline with the approval of their regional manager. When considering exceptions to the spending guidelines, the VR regional manager must consider the consumer's ability to contribute to their services. The consumer contribution must be:
  - 1. Reasonable,
  - 2. Based on financial need, and
  - 3. Not so high as to effectively deny the consumer a necessary service.
- B. DVR cannot require consumers who are SSI or SSDI beneficiaries to provide funding towards their services.

**Home Modification  
Waiver of Liability**

This is to acknowledge that I am fully aware of and understand that the modification(s) listed below will not fully meet the accessibility guidelines of the Americans with Disabilities Act (ADA).

Modification:

Ramp \_\_\_\_\_

Doorway \_\_\_\_\_

Other(s) \_\_\_\_\_ Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason(s) why ADA guidelines cannot be met:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

However, I feel the modification(s) will safely meet my needs, I want the work to be done and, although the Vermont Vocational Rehabilitation Division is involved financially, I will hold the Division harmless of liability should the modification fail due to deviation from the ADA guidelines.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_  
(must be a non-relative and cannot be a Division employee)

Date: \_\_\_\_\_