

When devices and adaptations are not possible, as a **last resort** and as recommended by an Occupational Therapist, the Program will consider bathroom modifications for a **wet room** for basic and essential bathing and toileting. The modifications proposed must use universal design principles so that it can be accessed and used to the greatest extent possible by all people regardless of their age, size, and ability.

The HVMP provides funding for **basic and essential solutions** directly addressing physical barriers within a home explicitly related to an applicant's disability and current mobility restrictions. **Any items prescribed and or quoted not directly related to accessibility and removal of barriers will not be funded by the program and will be the applicant's responsibility.**

Eligible Modifications include:

- door widening
- zero-threshold shower
- waterproof shower panels only (no tiles or grout)
- grab bars
- handheld shower on a slide bar
- anti-slip flooring (vinyl or ceramic tiles only)
- wheelchair accessible sink
- accessible toilet

Note: During construction, if any issues arise such as but not limited to water damage, mold, mildew, termites, items not to provincial code or safety standards, any electrical or plumbing issues those are the responsibility of the homeowner, not March of Dimes Canada.

Contractor Information	
Business Name:	
Phone Number:	
Email:	
Warranty:	
Date of Quote:	
Quote or Estimate #:	
Estimate is valid until:	

Client Information	
Client Name:	
Client Address:	
<p>1. Measurements / Drawing: Please include measurements and photos of the space. These can be on a separate page but must be included.</p>	



Bathroom Scope of Work

A large, empty rectangular box with a black border, intended for the scope of work details.

2. Scope of Work

Briefly detail the current layout and proposed changes.

The Bathroom is located:

- Main Floor
- Second Floor
- Basement
- Other:

How will a roll-in shower (zero threshold, barrier free) be achieved?

- Recessing the sub-floor
- Raising the sub-floor
- Other:

Home type:

- House
- Condo

Contractor to obtain permits:

- Yes No

3. Timeline

If this project were to proceed, please estimate timelines as below:

Estimated Start Date:	
Project Duration:	
Estimated Completion Date:	

4. Certifications	
Are you certified (e.g. WSIB, ESA) to be completing this work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you subcontracting any portion of this project out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm that any subcontracted trades are also WSIB certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

5. Project Estimate				
By completing this section, you are not required to submit an additional quote. Alternatively, you can submit your own estimate, but it must have the components as identified below:				
A) Project Costs Considered by HVMP:				
Description of Materials/Labour:	Required?	Quantity	Taxable?	Cost
Permit Fees	<input type="checkbox"/>		<input type="checkbox"/>	
Labour Fees	<input type="checkbox"/>		<input type="checkbox"/>	
Disposal Fees	<input type="checkbox"/>		<input type="checkbox"/>	
Zero Threshold Shower	<input type="checkbox"/>		<input type="checkbox"/>	
Waterproof Shower Panels* Note: If tile is required, justification is required in the description of the Scope of Work	<input type="checkbox"/>		<input type="checkbox"/>	
Grab Bars	<input type="checkbox"/>		<input type="checkbox"/>	
Handheld Shower Head	<input type="checkbox"/>		<input type="checkbox"/>	

Bathroom Scope of Work

Anti-Slip Flooring (vinyl or ceramic tiles only)	<input type="checkbox"/>		<input type="checkbox"/>	
Wheelchair Accessible Sink	<input type="checkbox"/>		<input type="checkbox"/>	
Accessible toilet	<input type="checkbox"/>		<input type="checkbox"/>	
Bathroom Door Widening	<input type="checkbox"/>		<input type="checkbox"/>	
B) Additional Materials/Equipment Below to be covered by the client (if required):				
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
SUB-TOTAL:				\$
HST:				\$
TOTAL:				\$