

## Catastrophic Illness in Children Relief Fund Home Modification Statement

**Each parent/guardian should initial the four items listed and sign at the bottom.**

***I hereby swear under the pains and penalties of perjury that:***

1. \_\_\_\_/\_\_\_\_ The home modification has been completed.
2. \_\_\_\_/\_\_\_\_ The home modification has been done on my permanent home.
3. \_\_\_\_/\_\_\_\_ The home modification was done to increase accessibility or safety for my child.
4. \_\_\_\_/\_\_\_\_ If I sell my home within 3 years, I will contact CICRF, and it is likely that I will need to return 50% of the assistance to the Fund.
5. Please submit **copies of all receipts and proof that payment** has been made, including:
  - Statement from the contractor, describing the areas modified and itemizing the expenses for each area (e.g. accessible bathroom, exterior ramp)
  - Receipts and proof of payment for materials and labor (vendor statements, canceled checks, bank statements, credit card receipts/statements), organized by area modified
  - Copy of any loan agreement and documentation of a loan payment
6. Please submit a photograph(s) of the completed areas for the home modification(s)
7. A letter of medical necessity from your child's healthcare provider describing the medical need for the home modification project(s).
8. List all sources of payment for the home modification(s), including loans, other individuals, organizations, agencies or fundraising below:

Name of Person, Agency or Loan Company	Amount (\$)
Yourself	
Bank loan (provide name): Is this a deferred payment loan?* ____ yes ____ no	
<small>* Deferred payment loans are not eligible for reimbursement</small>	
Agency/organization:	
Agency/organization:	
Other (describe):	
<b>Total</b>	

9. Please note that Fund policy for home modification expenses limits the amounts counted toward eligibility, and reimbursement is on a sliding scale.

**Parent/Guardian #1:**

**Parent/Guardian #2:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date