

COMMUNITY AGING IN PLACE PROGRAM (State)  
OLDER ADULT HOME MODIFICATION GRANT PROGRAM (Federal)

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(PARTNER ORGANIZATION NAME)

**WORKPLAN**

Homeowner/Recipient Name: \_\_\_\_\_  
Homeowner/Recipient Property Address: \_\_\_\_\_  
Homeowner/Recipient Mailing Address: \_\_\_\_\_  
Homeowner/Recipient Phone Number: \_\_\_\_\_  
Estimated Time to Complete Work: \_\_\_\_\_  
Amount of Hours it took to Complete Work: \_\_\_\_\_

Work to be Done

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

\_\_\_\_\_  
Homeowner/Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Maintenance Signature

\_\_\_\_\_  
Date