



# CHHUNY Financial Management Services

DOH Children's Waiver Environmental Modifications, Vehicle Modifications  
& Adaptive Assistive Technology

## Change Order Request Form

<b>Member Name:</b>	<b>CIN #:</b>
<b>CMA:</b>	<b>Date:</b>
<b>Project #:</b>	<b>Project Type:</b>

I, \_\_\_\_\_, understand that this is the only revision allowed to the approved project identified above. No other change order requests will be accepted, and I am aware that I will be financially responsible for any additional requests that are outside of the previously approved scope of work and this change order request.

Member/Parent/Legal Guardian Signature (Responsible party): \_\_\_\_\_

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

Describe the change being requested and the reason for the change:

Impact on previously approved project cost and timeline:

Estimated Cost Change (+/-):

Has the original evaluator reviewed and approved the scope change? If no, please explain:

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Children's Health Home Team  
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