Home and Community-Based Services (HCBS) Rules
CONCEPT FORM

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both "Yes" and "No" answers require an explanation. A "No" response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled "Guidance" contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at www.dds.ca.gov/HCBS.

Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: 11/06/19	Completed by: Donna and Donald Smith
Vendor Name, Address, Contact: A BETTER LIVING EXPERIENCE	
Vendor Number: H83798	
Service Type and Code: Service code 905, Sub code L4H	

Home and Community-Based Services (HCBS) Rules
CONCEPT FORM

Federal Requirement #1: *The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.*	Guidance: • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
Does the service and/or program meet this requirement? ☒Yes ☐ No Please explain: The setting is integrated and supports full access to the individuals we serve. All individuals have always participated in outings and activities of their choice as part of their service plan. We serve 4 individuals with developmental delays, 3 have a dual diagnosis of mental illness and one with William's syndrome. Two individuals are employed one is semi-retired and chooses not to work, one individual is currently unemployed because of behavioral issues at the day program. All individuals in the home budget their personal funds for activities that they choose to do. At any time that the individual chooses to withdraw funds they are reminded that they chose to budget for a certain item/activity. This allows them choose to withdraw funds or not to withdraw funds.	
Federal Requirement #2: *The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*	Guidance: • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individuals' IPP document the different setting options that were considered prior to selecting this setting?
Does the service and/or program meet this requirement? ☒Yes ☐ No Please explain: Every individual has an IPP. Two of our individuals chose to share a room. They are great friends they have shared a room for many years. They share a love of music which they shop for and listen to together. The other 2 individuals have private quarters. The IPP does document the different setting options per individual which is the choice to live in the least restrictive way.	

Home and Community-Based Services (HCBS) Rules
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Federal Requirement #3: *Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.*	Guidance: • Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint? • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
Does the service and/or program meet this requirement? ☒**Yes** ☐ **No** Please explain: We as providers treat all individuals with dignity and respect. Every individual that we serve understands their right to privacy dignity and respect and are free of coercion and restraint. When communicating with individuals we know what and how to communicate with them based upon their needs. We work with an individual who is legally blind and needs a large font when presented with readable material.	
Federal Requirement #4: *Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.*	Guidance: • Does the provider offer daily activities that are based on the individuals' needs and preferences? • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
Does the service and/or program meet this requirement? ☒**Yes** ☐ **No** Please explain: All of the individuals we serve attend day programs where they have the opportunity to attend classes, outings and/or paid employment. They may choose not to attend the day program if they would rather do something different that day. We	

encourage the individuals to attend their day program especially if it is a day of work, so that they will earn wages which gives them more resources to support their choices and to follow through with their employment choices. The home provides transportation to/from day programs and activities as well as access and training on bus schedules if desired and appropriate for the persons abilities.

Federal Requirement #5: *Facilitates individual choice regarding services and supports, and who provides them.*	Guidance: • Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available? • Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?

Does the service and/or program meet this requirement? ☒**Yes** ☐ **No**

Please explain: The amount of time the individuals have lived in this home ranges from 9-21 years. The individuals have developed a good rapport with all staff over this long tenure. We do support individuals in choosing which staff provide their care whenever possible. We have an open-door policy and welcome feedback and concerns at any point in time.

Home and Community-Based Services (HCBS) Rules
CONCEPT FORM

Only providers of services in **provider-owned or controlled residential settings** need to complete the remainder of this evaluation. In **provider-owned or controlled residential settings**, in addition to the above requirements, the following requirements must also be met:

Federal Requirement #6: *The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.*	Guidance: • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
Does the service and/or program meet this requirement? ☒**Yes** ☐ **No** Please explain: The individuals that we serve all have an admission agreement. Each individual has been informed and given information on how to move if they so choose. They know to contact their CPC at the regional center and to give a 30-day notice in writing that they will be moving.	
Federal Requirement #7: *Each individual has privacy in his/her sleeping or living unit:* *Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.* *Individuals sharing units have a choice of roommates in that setting.* *Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*	Guidance: • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?
Does the service and/or program meet this requirement? ☒**Yes** ☐ **No**	

Home and Community-Based Services (HCBS) Rules
CONCEPT FORM

Please explain: We have 2 private rooms and 1 shared room. Individuals were given a choice of sharing or having a roommate. Individuals are encouraged to personalize their quarters with the things that they like. Yes, the individuals can lock their rooms when desired.

Federal Requirement #8: *Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*	Guidance: • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?

Does the service and/or program meet this requirement? ☒**Yes** ☐ **No**

Please explain: The individuals we serve have access to food and drinks at all times. We also provide a nice and comfortable living room area. We provide a laundry service, if anyone wanted to use the laundry facilities to do their own laundry it is available. All facilities are accessible to individuals we serve. Daily schedules are set by the individuals we serve. They choose what they want to do.

Federal Requirement #9: *Individuals are able to have visitors of their choosing at any time.*	Guidance: • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?

Does the service and/or program meet this requirement? ☒**Yes** ☐ **No**

Please explain: Visitors are welcome in the home at any time. Individuals can and do go with visitors outside the home. Several individuals in the home have family members and friends that pick them up or meet them in the community for shopping and meals throughout the year or for holidays.

Federal Requirement #10: *The setting is physically accessible to the individual.*	Guidance: • Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? • Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available

Home and Community-Based Services (HCBS) Rules
CONCEPT FORM

	so that individuals who need those supports can move about the setting as they choose? • Are appliances and furniture accessible to every individual?

Does the service and/or program meet this requirement? ☐**Yes** ☒**No**

Please explain: Our setting is accessible to all individuals. Individuals may move freely among the common living spaces and their personal space. The home has grab bars and hand rails. All of the individuals in the home are ambulatory and there is no need for ramps. Two individuals in the home are getting older and would like to age in place. This is a multi-level home all the bedrooms are upstairs. In order to facilitate individuals as they age, encounter age related disabilities and limited mobility we see a need for a chair lift to ride safely up and down the stairs.

CONTACT INFORMATION

Contact Name:	Donna Smith
Contact Phone Number:	707 849 2219
Email Address:	windycottage@comcast.net

ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

☒ I AGREE

Home and Community-Based Services (HCBS) Rules
CONCEPT FORM

Existing regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost back up, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding, but the rest of the concept must be within the standard page requirements.
- There has been a significant change in the form and process compared to prior years. **In order to receive funding, this 2019-20 form must be used.**
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices or opportunities in the community.

Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds in order to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented train-the-trainer certification for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled residents to age in place and exercise more choice and independence.

More information on the HCBS rules and this form can be found at www.dds.ca.gov/HCBS.

Home and Community-Based Services (HCBS) Rules
CONCEPT FORM

Vendor name	A BETTER LIVING EXPERIENCE
Vendor number(s)	H83798
Primary regional center	North Bay Regional Center
Service type(s)	Adult Residential Facility
Service code(s)	905, L4H
Number of consumers currently served	4
Current staff to consumer ratio	1:2

1. Please provide a brief description of the service/setting that includes what a typical day consists of and how services are currently provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.

This is an Adult Residential Facility serving 4 individuals. The individuals get up in the morning at varying times to meet their work, day program or weekend pursuits. They shower, prepare their lunches, eat breakfast and leave the home for their individual destinations. Some leave the home independently and some are transported by house staff. After day program/work they return at their individually appointed time and relax in their own ways – listening to music, reading, having a snack, watching tv, or napping. The evening usually concludes with dinner, more relaxation and personal pursuits.

This is a multi-level house with a flight of stairs between the common space and the bedrooms. Two of the gentlemen are getting older and wish to age in place. They are both ambulatory and able to use the stairs safely at this time. One man is beginning to take more time and care with the stairs. We want to ensure that if/when the stairs begin to become difficult for him, we have a chair lift in place so that we are able to address the change in his needs safely and seamlessly as well as the needs of future needs of other residents.

Project Narrative Description:

2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.

To assist individuals to age in place as they age, encounter age related disabilities and/or limited mobility we see a need for a chair lift to assist individuals with moving between the common living areas and their private space. This product would potentially prevent incidence of injury in navigating the stairs. As our population ages it becomes increasingly important that the physical environment be comfortable in addition to our ability to remain compliant with regulatory requirements.

3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.

Home and Community-Based Services (HCBS) Rules
CONCEPT FORM

1___ 2___ 3___ 4___ 5___ 6___ 7___ 8__ _ 9__ _ 10_x__
4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.
Two individuals in the home are getting older one is in their early 60s and the other in their late 60s they would like to age in place. Both of these individuals have lived with ABLE since it opened more than 20 years ago and worked with the house staff for several years prior to that in a previous program. ABLE moved to its current location in 2006 and the individuals have come to know and enjoy the community, the coffee shops, the restaurants, the local Walmart and the bus routes. They also enjoy the house outings to the movies, monthly meal planning sessions, vacations, road trips along Route 66. ABLE is a multi-level home all the bedrooms are upstairs. In order to facilitate individuals as they age, encounter age related disabilities and limited mobility we see a need for a chair lift to ride safely up and down the stairs.
5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance.
Having a chair lift will allow us to continue to serve the aging individuals to age in place.
6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?
Having a chair lift to assist aging individuals with moving up and down the stairs will allow them to stay in the home and receive care from staff that have been working with them for many years to maintain consistency.
7. Please describe how and/or what was done to include input from the individuals served in developing this concept? Discuss not only the development of the concept, but also what steps were taken to identify the interests and desires of the individuals and who was involved in that process.
While two residents are now getting older, one has no mobility issues yet, though the lift would benefit him in the future should he need it. The second individual is beginning to have mobility issues. In observing that he has begun to take more time with going up and down the stairs, we had a conversation about safety and how to assist him. We discussed having a chair lift and he was enthusiastic about how that would help him. A quote was obtained from an instillation company and the individual was measured to make sure the lift would work.
8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.
Supporting aging individuals so that they can age in place at home where they are comfortable and have trusted care givers is person-centered.
9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2019-20 HCBS Funding.

Home and Community-Based Services (HCBS) Rules
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This is a capital purchase. Individuals who need to use the chair lift will be trained to properly use the chairlift. Watching them smile and navigate the stairs with ease will equal success. A proper maintenance schedule will be maintained.
10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year. Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4629.7&lawCode=WIC
The budget cost is solely for the purchase and instillation of the chair lift.
11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the time frame of the requested grant, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program time frame.
n/a

12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding _x__ No ___ Yes. If Yes, FY(s)_____ Disparity Funding _x__ No ___ Yes. If Yes, FY(s) _____ CPP Funding _x__ No ___ Yes. If Yes FY(s) _____ If yes to any question be sure to answer questions 13 and 14.

For providers who have received prior HCBS, Disparity or CPP Funding from DDS
13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.
n/a
14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.
n/a

HCBS CONCEPT BUDGET	
Vendor Name	A BETTER LIVING EXPERIENCE
Vendor Number(s)	H83798

	Salary and Benefits	Year 1 Budget FTE	Year 1 Budget Annual Cost	Year 2 Budget FTE	Year 2 Budget Annual Cost	**Total Cost**
Personnel (salary + benefits)						
Position Description			$ -		$ -	$ -
Position Description			$ -		$ -	$ -
Position Description			$ -		$ -	$ -
Position Description			$ -		$ -	$ -
Position Description			$ -		$ -	$ -
Position Description			$ -		$ -	$ -
Position Description			$ -		$ -	$ -
Position Description			$ -		$ -	$ -
Position Description			$ -		$ -	$ -
Personnel Subtotal			**$ -**		**$ -**	**$ -**
Operating expenses						
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
Operating Subtotal			**$ -**		**$ -**	**$ -**
Administrative Expenses						
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
Administrative Subtotal			**$ -**		**$ -**	**$ -**
Capital expenses						
Purchase & Installation of an Acorn 180			$ 11,702			$ 11,702
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
Capital Subtotal			**$ 11,702**		**$ -**	**$ 11,702**
Total Concept Cost			**$ 11,702**		**$ -**	**$ 11,702**

See Attachment F for budget details and restrictions

ORDER FORM (Please Print)

Service copy - PINK
Customer copy - YELLOW

ACORN STAIRLIFTS

Date: 11 / 7 / 11 Inquiry Number: 1346238 Order Number:

Surveyor Name: Justin Gomez

Invoice Address:

Name:
Address: - SAME -
City:
State: Zip:
Daytime Telephone:
Evening Telephone:

Install Address:

Name: Don Smith
Address: 9591 Kristine Way
City: Windsor
State: CA Zip: 95492
Daytime Telephone: (707) 953-3258
Evening Telephone:

Acknowledgements			Customer Initials
☐	Electrical Outlet to be installed prior to install	☐ Top ☐ Bottom	
☐	Physician Prescription eligible for exemption of sales tax at install (where applicable)	☐ Yes ☐ No	
☐	Elect Hinged Rail to create additional space at bottom landing when in upright hinged position	☐ Yes ☐ No (user assumes all risks)	
☐	Maximum Weight Capacity	lbs.	
☐	Permit Charge Required (Non-refundable)	☐ Yes ☐ No	

Product	Hand	Outdoor	Heavy Duty	Hinge	Rail Length	Overhang	Total Length	Staircase Location	Price
Acorn 130	L R	☐	☐	☐					$
Acorn 130	L R	☐	☐	☐					$
Acorn 130	L R	☐	☐	☐					$
Acorn 130	L R	☐	☐	☐					$

Product	Hand	# of Bends	Bottom Start	Top Termination	Powered Hinge	Staircase Location	Price
Acorn 180	L R	☐ LRS ☐ 90° ☐ 45°	☐ 180° Bottom Wrap ☐ 90° Bottom Wrap ☐ Overrun ☐ Standard ☐ Drop Nose	☐ 180° Top Wrap ☐ 90° Top Wrap ☐ Overrun ☐ Standard	☐ Yes ☐ No	inside	$ 10,810
Acorn 180	L R	☐ LRS ☐ 90° ☐ 45°	☐ 180° Bottom Wrap ☐ 90° Bottom Wrap ☐ Overrun ☐ Standard ☐ Drop Nose	☐ 180° Top Wrap ☐ 90° Top Wrap ☐ Overrun ☐ Standard	☐ Yes ☐ No		$

Special Bend Requirement	☐ YES ☐ NO	onsite promotion	$
Stairlift Removal	Brand:		$
Permit Charge (Non-Refundable - Where Applicable)		MSRP $11,430	$
Other:			$
Other:			$

Notes: deposit is 100% refundable up to 24 hours prior to installation.

Order Subtotal	$ 10,810
Sales Tax	$ 891.83
Order Total	$ 11,701.83
Order Deposit	$ 500
Balance on Install	$ 11,201.83

SIGNATURE I have read, understood and agree to the above

Your signature: Date: 11/7/11

Method of Payment

☐ Cash	Auth. # 007846
☐ Check	
☑ Visa	
☐ MasterCard	

☐	Electrical Outlet to be installed prior to install	☐ Top ☐ Bottom	
☐	Physician Prescription eligible for exemption of sales tax at install (where applicable)	☐ Yes ☐ No	
☐	Elect Hinged Rail to create additional space at bottom landing when in upright hinged position	☐ Yes ☐ No (user assumes all risks)	
☐	Maximum Weight Capacity	lbs.	
☐	Permit Charge Required (Non-refundable)	☐ Yes ☐ No	

Product	Hand	Outdoor	Heavy Duty	Hinge	Rail Length	Overhang	Total Length	Staircase Location	Price
Acorn 130	L R	☐	☐	☐					$
Acorn 130	L R	☐	☐	☐					$
Acorn 130	L R	☐	☐	☐					$
Acorn 130	L R	☐	☐	☐					$

Product	Hand	# of Bends	Bottom Start	Top Termination	Powererd Hinge	Staircase Location	Price
Acorn 180	(L) R	☐ LRS ☐ 90° ☐ 45°	☐ 180° Bottom Wrap ☐ 90° Bottom Wrap ☐ Overrun ☐ Standard ☐ Drop Nose	☐ 180° Top Wrap ☐ 90° Top Wrap ☐ Overrun ☐ Standard	☐ Yes ☐ No	inside	$ 10,810
Acorn 180	L R	☐ LRS ☐ 90° ☐ 45°	☐ 180° Bottom Wrap ☐ 90° Bottom Wrap ☐ Overrun ☐ Standard ☐ Drop Nose	☐ 180° Top Wrap ☐ 90° Top Wrap ☐ Overrun ☐ Standard	☐ Yes ☐ No		$

Special Bend Requirement ☐ YES ☐ NO	onsite promotion MSRP $11,430	$
Stairlift Removal	Brand:	$
Permit Charge (Non-Refundable - Where Applicable)		$
Other:		$
Other:		$

Notes: deposit is 100% refundable up to 24 hours prior to installation.

Order Subtotal	$ 10,810
Sales Tax	$ 891.83
Order Total	$ 11,701.83
Order Deposit	$ 500
Balance on Install	$ 11,201.83

SIGNATURE I have read, understood and agree to the above

Your signature: [signature] Date: 11/7/19

Surveyor signature: [signature] Date: 11/7/19

Method of Payment	
☐ Cash	Auth. # 007846
☐ Check	
☑ Visa	
☐ MasterCard	
☐ Discover	Date 11/7/19
☐ Amex	

Any Questions?
Call our Installations Team for advice
888-563-0410