# State-wide Equipment Program (SWEP)

# Home Modifications: Certificate of completion (COC)

For use with Home Modification Option B or C.

This form is to be completed by the Proprietor or their Agent and the Prescriber.

This agreement is between Click or tap here to enter text. *(Name of Proprietor)*

and the State-wide Equipment Program (SWEP)

I / We Click or tap here to enter text. *(Please print name of Proprietor)*

Agree that the work specified in quotation number: Click or tap here to enter text.

Has been completed satisfactorily by: Click or tap here to enter text.

*(Builder/Tradesperson)*

And I / We agree that the SWEP payment can be made to: Click or tap here to enter text.

*(Builder/Tradesperson)*

Signed by the Proprietor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, The Prescribing Occupational Therapist have inspected the home modification specified above and advise that they meet the functional needs of the Client/Participant.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Builder/Tradesperson is to return this form to SWEP with Invoice.**