



# New Jersey Reconstruction, Rehabilitation, Elevation, and Mitigation (RREM) Program

Form: Applicant Mobility Modification List

APPLICANT INFORMATION	
APPLICANT RREM ID#:	DATE:
APPLICANT NAME:	
SSHIP HOUSING ADVISOR:	RREM ADVISOR:
DAMAGED PROPERTY INFORMATION	
ADDRESS:	MUNICIPALITY:

Applicant to initial next to modifications you are requesting.

MODIFICATION SELECTIONS	
<u>ITEM</u>	<u>Applicant Initials</u>
<input type="checkbox"/> Grab Bars – Toilet and Shower	<input type="text"/>
<input type="checkbox"/> Replace Bathtub with Roll-In Shower (includes fold down bench)	<input type="text"/>
<input type="checkbox"/> Handheld Spray Wand – Shower or Bathtub	<input type="text"/>
<input type="checkbox"/> Roll Under Lavatory	<input type="text"/>
<input type="checkbox"/> Electrical Modifications for Medical Equipment	<input type="text"/>
<input type="checkbox"/> Visual and Audible Smoke Alarms	<input type="text"/>
<b>The following modifications will require a written verification of need completed by a medical professional (Form 7):</b>	
<input type="checkbox"/> Dishwasher	<input type="text"/>
<input type="checkbox"/> Access Ramp	<input type="text"/>
<input type="checkbox"/> Wheelchair Platform Lift	<input type="text"/>



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## MOBILITY MODIFICATIONS

The RREM Program allows for mobility modifications in the new home for homeowners with a medical need. Documentation is required (Form 7) for certain modifications. Identify whether the Applicant is eligible or not eligible for mobility modifications. The Applicant must initial this choice.

**Eligible**

**Not Eligible**

**To Receive Mobility Modifications**

**Applicant  
Initials**

## APPLICANT SIGNATURE

**Applicant Signature**

**Date**

**Co-Applicant Signature**

**Date**