



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 _____ *(Name of Proprietor)*
and the State-wide Equipment Program (SWEP)

I / We _____ *(Please print name of Proprietor)*

Agree that the work specified in quotation number: _____

Has been completed satisfactorily by: _____
(Builder/Tradesperson)

And I / We agree that the SWEP payment can be made to: _____
(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.