



Request for In-Home Summary

Please fill out the form below with the required information and e-mail to Hooper-Cahill Design, LLC at choopercahill@gmail.com. Please save the form and then attach it, or share it (depending on your computer system) to the e-mail. You will be contacted shortly to set up an appointment. Thank you!

Client Information

Full Name: _____ Date: _____

Client Diagnosis: _____

Address: _____

Street Address

City, State, Zip Code

Phone: _____ Email: _____

Client Owns Home: _____ Client Rents Home: _____

Guardian Information

Full Name: _____

Address: _____

Street Address

City, State, Zip Code

Phone: _____ Email: _____

Additional Client Information from Guardian: _____

Summary of Modifications needed per Guardian: _____

Permission to Proceed

I, Client / Guardian for the above client, grant permission for Hooper-Cahill Design, LLC to move forward with the above client's project. The project includes: Home Visit, Evaluation & Assessment (EAA), Scope of Work, obtaining bids from contractors, project management and all other duties required from start to finish of project.

Signature: _____ Date: _____