



## 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.**