

DeKalb County
Department of Purchasing and Contracting
Change Order Request Form

User Department: Human Services	From: Purchasing & Contracting	
RFP/ITB No.: 20-500560	Title: In-Home Services for Older Adults, Persons with Disabilities, and Their Caregivers (Multiyear Contract)	
Effective Date: 07/01/2022	Expiration Date: 06/30/2026	
Contract APPROVED Amount: \$1,337,512.94	Number of Change Orders to Date: 1	
Contractor(s)	Contract No(s).	Amount Spent
Rem-Kiks Health Care Services, Inc.	1294379	\$1,337,512.94

For Use by User Department:

Enter Recommended Change(s) and a Detailed Justification (please enter requests to extend the contract time/term or increase the contract amount with specific details to include term dates and funding amounts):

In recent months, the removal of several clients from the waiting list has led to higher service costs for the County. Therefore, additional funds are necessary to satisfy Rem-Kiks' final invoices for October and November 2025.

If an increase to funding is required, provide the following:

Total Amount of Increase: \$ 37,000

Funding Source: General Enterprise 3 Digit Fund Code: 250
 SPLOST Category (if applicable): _____
 CIP Line-Item No. (if applicable): _____
 Other: _____



12-4-25

Department Director Signature & Date

For Use by Purchasing and Contracting:

Approved: Yes No

Additional Comments (if applicable):

Crystal Manson

 Digitally signed by Crystal Manson
Date: 2026.01.08 14:46:51 -05'00'

Purchasing and Contracting Signature & Date

DeKalb County
Department of Purchasing and Contracting
Change Order Request Form

User Department: Human Services	From: Purchasing & Contracting	
RFP/ITB No.: 20-500560	Title: In-Home Services for Older Adults, Persons with Disabilities, and Their Caregivers (Multiyear Contract)	
Effective Date: 11/17/2025	Expiration Date: 06/30/2026	
Contract APPROVED Amount: \$0.00	Number of Change Orders to Date: 0	
Contractor(s)		
Contractor(s)	Contract No(s).	Amount Spent
Coastal Home Care, LLC dba Help at Home	2000353	\$0.00

For Use by User Department:

Enter Recommended Change(s) and a Detailed Justification (please enter requests to extend the contract time/term or increase the contract amount with specific details to include term dates and funding amounts):

Rem-Kiks elected to terminate their contract due to personal reasons. Help at Home has assumed the responsibility of providing in-home services to DeKalb County seniors effective November 17, 2025. The department would like to extend the contract to June 30, 2027 and would like to add additional funds to the contract with Help at Home. The additional funds will be added to Purchase Order # 5056985, bringing the grand total to \$1,200,000.

If an increase to funding is required, provide the following:

Total Amount of Increase: \$ 1,200,000

Funding Source: General Enterprise 3 Digit Fund Code: 250
 SPLOST Category (if applicable): _____
 CIP Line-Item No. (if applicable): _____
 Other: _____



1/5/2026

Department Director Signature & Date

For Use by Purchasing and Contracting:

Approved: Yes No

Additional Comments (if applicable):

Crystal Manson

 Digitally signed by Crystal Manson
 Date: 2026.01.08 14:47:11 -05'00'

Purchasing and Contracting Signature & Date