

**DeKalb County  
Department of Purchasing and Contracting  
Change Order Request Form**

|   |  |
|---|--|
| <b>User Department:</b> Human Services          | <b>From:</b> Purchasing & Contracting  |
| <b>RFP No.:</b> 20-500560                       | <b>Title:</b> In-Home Services for Older Adults, Persons with Disabilities, and Their Caregivers |
| <b>Effective Date:</b> 07/01/2022               | <b>Expiration Date:</b> 06/30/2026   |
| <b>Contract APPROVED Amount:</b> \$1,507,637.50 | <b>Number of Change Orders to Date:</b> 1  |

| Contractor(s)                       | Contract No(s). | Amount Spent   |
|-------------------------------------|-----------------|----------------|
| Rem-Kiks Health Care Services, Inc. | 1294379         | \$1,310,693.81 |
|                                     |                 |                |

**For Use by User Department:**

**Enter Recommended Change(s) and a Detailed Justification:**

Rem-Kiks Health Care Services, Inc just received a contract extension but unfortunately they are unable to continue to provide services. We are therefore requesting that the contract extension previously approved be awarded to Help at Home. This will allow for the seamless continuation of vital senior services. These services which include Personal Care, Homemaker and Respite, are provided to older adults, persons with disabilities and their caregivers.

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

**Total Amount of Increase:** \$ \_\_\_\_\_

**Funding Source:** General ☐ Enterprise ☐ 3 Digit Fund Code: \_\_\_\_\_

SPLOST Category (if applicable): \_\_\_\_\_

CIP Line-Item No. (if applicable): \_\_\_\_\_

Other: \_\_\_\_\_



8/5/2025

**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: 2025.08.05 14:22:07 -04'00'

**Purchasing and Contracting Signature & Date**