



**Department of Health and Social Services
Division of Senior and Disabilities Services**

PROPERTY OWNER'S CONSENT TO ENVIRONMENTAL MODIFICATION

Property Owner Information	
Full Name:	
Mailing Address:	
City, State and Zip Code:	
Phone Number:	
Property to be Modified	
Physical Location/Street Address:	
City, State and Zip Code:	

Recipient's Full Name:	
Purpose of Modification:	
EM Service Provider Name:	
Provider #:	
Service Provider Phone Number:	
Care Coordinator:	
Care Coordinator Phone Number:	
Care Coordination Agency:	

<p>Property Owner's Declaration and Consent: I am the legal owner of the above named property. I give my consent to the permanent environmental modification. I have reviewed the attached approved cost estimate and agree to permit the work to proceed as described in that cost estimate. I agree to inspect the environmental modification and notify the care coordinator in writing within 60 days of completion if dissatisfied. I understand that the Division of Senior and Disabilities Services is not responsible for the removal of this environmental modification.</p>	
Property Owner Signature:	Date:
Care Coordinator Signature:	Date:

Attachment: DSDS Approved Cost Estimate