



## 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:

**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.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Care Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attachment: DSDS Approved Cost Estimate