County

OWNER'S PERMISSION TO MODIFY PROPERTY

Environmental Modifications (S5165)

Member Name				
	Last		*First*	*Middle*
Property Address				
	Street	*City*	*State*	*Zip*
Medicaid #				

A. PROPERTY OWNERSHIP

☐ Property is owned by the Member

B. ENVIRONMENTAL MODIFICATION PROVIDER NAME

Environmental Modification Provider Name: _____

C. PROPERTY MODIFICATIONS

Description of Permanent Modifications to Property:

By my signature below, I attest that (1) I own the property at the address location given above and (2) I agree to permit the above described, or bid attached, permanent modifications to this property and I understand that the property will not be put back into its original condition.

Property Owner Signature	**Date**	**Signature of Witness**	**Date**
Typed/Printed Name of Owner		**Typed/Printed Name of Witness**	