

Living Choice

Medically Fragile

ENVIRONMENTAL MODIFICATION PERMISSION AND VERIFICATION

Participant Name				
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>SoonerCare ID</i>

A. PROPERTY OWNERSHIP

Property is owned by the Participant Environmental Modification Provider Name: _____

B. 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
Typed/Printed Name of Owner	

C. VERIFICATION OF SERVICE DELIVERY

Provider Name		Provider #		Service Date	
By my signature below, I attest to the following: (1) The above described, or invoice attached, products/services have been constructed or delivered and installed in my home by the above named provider; and (2) this Verification of Service Delivery document has been presented and explained to me by my Living Choice Transition Coordinator.					
Participant Signature <i>(If participant signs with a mark, two witnesses required)</i>					Date
Signature of Witness		Date	Signature of Witness		Date
By my signature below, I attest that I have reviewed the above described, or invoice attached, products/services that have been constructed or delivered and installed in the above named Participant's home and find them to meet the needs of this Participant as identified in the assessment of home modification needs done on _____.					
TC/CM Signature		Printed Name of TC/CM			Date