VERIFICATION OF ENVIRONMENTAL MODIFICATION

I, ____________________________________________________________________________

Name and title of local county board representative or designee

of: ____________________________________________________________________________

Name of county board or COG

Have reviewed the environmental modifications and/or repairs completed by:

______________________________________________________________________________

Name and contract number of provider

for: ____________________________________________________________________________

Name of waiver recipient

It is the determination of our County Board of Developmental Disabilities that the contractor/provider, identified above, has completed all modifications and/or repairs authorized by the Individual Service Plan (ISP). The modifications and/or repairs completed by the above contractor/provider meet all of the appropriate requirements as authorized by the ISP and the provider has verified that all state and/or local building codes were met, as applicable.

______________________________________________________________________________

Signature of Local County Board Representative

Date

______________________________________________________________________________

Signature of Witness

Date

Verification of Environmental Modification form Updated 7/23/2012