

# 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