

Verification of Environmental Modifications

I, _____,
Name and Title of Local County Board Representative

of _____,
Name of County Board of Developmental Disabilities

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

Name of contractor/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 state and/or local building codes of our county, as applicable.

Signature of Local County Board Representative

Date

Signature of Witness

Date