



## Environmental Modification Monitoring and Waiver of Release

### Preauthorization Acknowledgement

- **Waiver Provider Name:** \_\_\_\_\_
- **Vendor Name:** \_\_\_\_\_
- **Customer Name:** \_\_\_\_\_
- **Project Description:** \_\_\_\_\_
- **Authorization ID:** \_\_\_\_\_

By signing off on this document all parties agree to the scope of work. This means that waiver provider, member/guardian understand the changes being made to your home and living space. You agree to waive any claims against CareSource that may come from faulty work, supplies or incomplete scope of work.

### Signatures

- **Member or Guardian:** \_\_\_\_\_  
Date: \_\_\_\_\_
- **Provider Representative:** \_\_\_\_\_  
Date: \_\_\_\_\_
- **Vendor/Contractor:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**By signing off on this document all parties agree to the scope of work to be completed.**

### Completed Project Follow-up

- **Date of Project Completion:** \_\_\_\_\_

**Please answer the following questions:**

1. Has all the work for the modification been completed?  
 Yes  
 No
  
2. Are you satisfied with the change?  
 Yes  
 No
  
3. Do you need assistance from your waiver provider related to the modification?  
 Yes  
 No

**Additional Comments:**

**Signatures**

- **Member or Guardian:** \_\_\_\_\_  
Date: \_\_\_\_\_
  
- **Provider Representative:** \_\_\_\_\_  
Date: \_\_\_\_\_

**Thank you for your participation!**

AR-PAS-P-4771972