



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!

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