



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Angie Rodgers
Director

HOME MODIFICATION SERVICE
PROPERTY OWNER AUTHORIZATION FOR HOME MODIFICATIONS

Member Name: _____ DDD Project Number: _____

Renter's Name: _____

Property Address (No., Street, City, State, Zip Code): _____

Dear Property Owner,

As part of the Arizona Department of Economic Security, the Division of Developmental Disabilities (the Division) provides a variety of services to eligible members with disabilities. A member eligible for services from the Division currently resides at the property listed above

The Division has identified a need for a modification to the living environment of this member that will assist them by increasing mobility, making tasks more manageable, reducing accidents, and independent living.

As the Property Owner of this address, the Division is requesting your written authorization to perform the modification(s) checked below:

- Ramp, Platform Lift, Concrete pad for lift, Adaptive Stairs, Modify Threshold, Turn landing, Auto door opener, Modify shower, Handheld shower wand, Grab bar(s), Standard toilet, High-rise toilet, Bidet toilet seat, Toilet Adaptation, Wall-mount roll under bathroom sink, Modify bathroom sink/vanity, Modify/widen bathroom door, Modify bathroom closet, Modify/relocate bathroom wall, Bathroom flooring removal/replacement, Modify/widen hall bedroom door, Bedroom flooring removal/replacement, Modify hall bedroom closet, Modify/relocate hall bedroom wall(s), Modify/widen master bedroom door, Modify master bedroom closet, Modify/relocate master bedroom wall(s), Modify hall closet, Handrail(s)

Other: _____

The Division will provide the service through the Division's Home Modification Service program. This includes hiring a qualified, licensed and registered Contractor to perform the identified modification(s) and incurring the cost of the identified modification(s) including materials and labor. In addition, in accordance with Arizona Revised Statutes §41-1491.19. D.1, upon request of the Property Owner, the Division will incur the future cost of removing the home modification(s) so that the residence is restored to the way it existed prior to the home modification

At this time, the Division is requesting that you select one (1) of the following:

As the owner of the property identified, I hereby grant authorization to the Division of Developmental Disabilities to perform the recommended home modification(s) at the address above. I understand that in the future if I would like the home modification(s) removed so that the residence is restored to the way it existed prior to the home modification, I must notify the Division within thirty (30) days of the eligible member vacating the property.

I DO NOT CONSENT to allow the Division to modify the property identified above.

Name (Print Name): _____ Phone: _____ Email: _____

Signature: _____ Date: _____

Please return this completed form to the Division within seven (7) days via fax, email, or US Mail using the information below. If you have any questions regarding this request, please contact the DDD Home Modifications Unit and reference the DDD Project Number at top right. Thank you.

See reverse for EOE/ADA disclosures

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local