Agreement of Understanding

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER Nursing Home Transition and Diversion Waiver (NHTD)

Environmental Modification Vehicle Modification I, ______ acknowledge and am in agreement with the recommended proposed plan for the (circle one) Environmental / Vehicle Modification(s) listed below, which includes the bidding process and my responsibility regarding any maintenance and/or repair of the approved modification(s) following completion of the modification. Modification: Participant Name Signature Date Legal Guardian Name (if applicable) Signature Date Authorized Representative Name (if applicable) Signature Date If this is a vehicle modification & the vehicle is not owned by the waiver participant: am the owner of the vehicle and I confirm that the Ι, vehicle being modified is available to whenever needed for his or her transportation. As the owner of this vehicle, I am in agreement with this modification and am responsible for any maintenance and/or repair of my modified vehicle.

Name of vehicle owner

Signature

Date