# Housing Modification Property Release Agreement

To be completed for modifications to the residence of individuals enrolled in a Home and Community Based Services (HCBS) program, including the installation of necessary equipment, that directly affects the interior or exterior of the dwelling. This form must be signed before work begins.

| Client's Name | Client's ProviderOne ID | Case Manager's Name | Case Manager's Email |
|---|---|---|---|
| | | | |

Client's Residence Address (where modifications / installation will occur) include City, State, and Zip Code)

| Property Owner / Manager's Name | Property Owner / Manager's Phone | Property Owner / Manager's Email |
|---|---|---|
| | | |

Property Owner / Manager's Mailing Address City State Zip Code

## 1. Environmental Modification

The **physical** changes made to adapt a living space or structure to meet specific service needs of eligible individuals with physical limitations to maintain their health, safety, and independence, e.g., widening a doorway, building a ramp, or making a bathroom accessible. An environmental modification may include the installation of equipment such as a grab bar installed as part of a larger modification to a bathroom to make it more accessible, or are actions that are necessary to attach equipment to the building without making any physical changes to the living space or structure itself, e.g., installing swing-away hinges on a doorway, tension rod transfer poles, free-standing lift system etc.

a. Is this a modification to the residence? ☐ Yes ☐ No (If no, skip to c.)

b. The modification to be completed is: _____

c. The equipment to be installed is: _____

**Note:** All HCBS funded environmental modifications or equipment installations must be completed by a licensed and bonded contractor with a current DSHS contract **(See Sections 2 and 3 below)**.

## 2. Work Performed under this agreement by a DSHS contracted provider (see Section 1 above)

- The owner / manager reserves the right to approve the quality of finished work and will be notified upon completion. Any complaints must be forwarded to the case manager listed at the top of this form within 10 calendar days of notification by the client's case worker of completion of work.
- Any defects in workmanship or materials must be reported within one year from the date of completion or as specified in state law.

## 3. All Work Performed under this Agreement (See Sections 1 and 2 above)

The modification or installation of equipment is a reasonable accommodation for the client (listed above, per Fair Housing Standards). The modification or installation of equipment being proposed to the client's residence is necessary to ensure the client's health, welfare, and safety and to enable the client to function with greater independence.

The property owner / manager agrees that:

- State funding for equipment or modification will only be utilized as authorized by the client's case worker.
- DSHS or AAA will not be required to restore or repair the property when the client vacates, including if the client takes **portable** equipment with them when they move. Examples of portable equipment include, but are not limited to, a track lift system or a portable metal ramp if steps were left intact below the ramp.

**By signing below, I acknowledge that I fully understand and agree to the above terms.**

| Property Owner / Manager's Signature (required) | Date |
|---|---|
| | |

| Client / Client Representative's Signature (required if client is not the homeowner and c. is indicated above) | Date |
|---|---|
| | |

Only DSHS AAA staff can modify this form.

A photocopy of this agreement shall be considered as valid as the original.

* All references to "DSHS" include Home and Community Services (HCS), Developmental Disabilities Administration (DDA) and the local Area Agency on Aging (AAA).