Health-Related Social Needs (HRSN) Program

Home Accessibility and Remediation Homeowner Consent Agreement

Complete this form for accessibility modifications and remediations, including the installation of necessary equipment, to the residence of individual enrolled in the HRSM program through the Department of Social and Health Services (DSHS) Home and Community Living Administration (HCLA), the Developmental Disabilities Administration, or an Area Agency on Aging (AAA). This form must be signed before work begins.

Client's Name	Client's ProviderOne Number
Case Manager's Name	Case Manager's Email

Client's Residence Address (where repair will take place):
Physical Address City State Zip Code

Property Owner's Name	Property Owner's Phone	Property Owner's Email

Property Owner's Mailing Address (if different than above residence):
Physical Address City State Zip Code

HRSN Accessibility Modifications and Remediations. Provides physical changes to a home that are necessary to address health, welfare, and safety and/or to enable greater functioning with independence. Must be of direct medical or remedial benefit to the participant, including, but not limited to:

Examples of Accessibility Modifications

- Ramps and grab bars
- Wheelchair access
- Stair lifts
- Bathroom / shower accessibility

Examples of Remediations

- Air ventilation improvements and air filters
- Hoarding clean-up services
- Carpet replacement
- Minor mold removal and remediation services

1. Is this an accessibility modification? ☐ Yes ☐ No
   If yes, describe:

2. Is this a remediation? ☐ Yes ☐ No
   If yes, describe:

Additional Agreements

- The property owner / manager reserves the right to approve the quality of finished work and will be notified upon completion. Any complaints must be forwarded to **Case Manager's Name** within 10 calendar days from being notified of the completion of work.
- Any defects in workmanship or materials must be reported within one year from the date of completion or by June 30th, 2028, whichever comes first.

- The modification, remediation, or installation of equipment is a reasonable accommodation for the client (listed above, per Fair Housing Standards). The modification, remediation, or installation of equipment being proposed to the client's residence is necessary to address the client's health, welfare, and safety and to enable the client to function with greater independence.
- HRSN services are a Medicaid benefit and only applicable to Medicaid enrollees, if loss of Medicaid occurs during service delivery, I may be held responsible for all or partial payment of the service.
- The property owner / manager will be responsible for allowing reasonable access to DSHS contracted providers to complete the project unless extenuating circumstances occur (i.e. hospitalization, change of address, medical need, etc.). In the event of being unable to allow access or living situation changing, the case manager will be contacted as soon as reasonably convenient.
- The property owner agrees that additional work may be required due to unknown circumstances at the time of the original contracted project. A case manager may authorize additional funds and verify that the additional work proposed is within the scope of the HRSN Program at no cost to the property owner or occupant.
- The client, 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.

If the client is not the property owner, then both the property owner / manager **and** client need to sign this agreement.

Property Owner / Client's Signature (Required)	Date
Property Owner / Client's Signature (Required)	Date

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

Only DSHS can modify this form.