
Ancillary Services Environmental Modifications Consent Form

Updated March 23, 2026

This form gathers consent for Environmental Modifications from the landlord or owner and the individual.

Consumer Name: _____

Residential Street Address: _____

City: _____ Zip: _____

I, (name) _____, give my permission for the Oregon Department of Human Services (ODHS), Aging and People with Disabilities (APD) to complete an environmental modification to the home listed above. Listed below are the approved modification(s) as well as the limitation(s) for each modification.

Modifications:

Ancillary Services Environmental Modifications Consent

Limitations:

I acknowledge and accept that ODHS, APD, will not be responsible for restoring the home or apartment to its previous condition or hold ODHS, APD financially responsible for costs associated with returning the home or apartment to its previous condition.

Printed Name of Landlord/Owner

Landlord/Owner Signature	Date
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Consumer Signature	Date
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Case Manager Signature	Date
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