
Ancillary Services Contractor Consent Form

Updated: March 23, 2026

Use this form to obtain contractor consent before Environmental Modifications begin.

Consumer Name: _____

Residential Street Address: _____

City: _____ Zip: _____

I, as the potential contractor, understand all work approved by the Oregon Department of Human Services (ODHS) Aging and People with Disabilities (APD) to complete an environmental modification to the home listed above will be the minimum necessary to meet the consumer's needs. Listed below are the approved modification(s).

Modifications:

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I am responsible for complying with all the State of Oregon Building Codes and obtaining all the necessary permits when required. If for any reason, I feel that the work will be outside of the original bid, I will stop work and submit a modification to the original bid with the reason(s) for the change. I understand that the additional work must be prior authorized before continuing the work. Nor will I complete any additional work beyond that which has been approved by APD. I will not ask for a deposit or any form of compensation from the consumer for items or services which APD has or has not approved.

Printed Name of Business

Date

Signature of Contractor

Date

Case Manager Signature

Date

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