
Ancillary Services Chore Services Consent

Updated: March 23, 2026

This form gathers consent for chore services from the individual.

Individual's name: _____

Prior to authorizing this Medicaid funded chore service, the Medicaid eligible individual must agree to have a contractor clean their home and haul off agreed upon items. This includes items that pose a health and safety risk to the individual or others in the home.

Therefore, I give permission for the approved ancillary services contractor to clean my home and, if necessary, to remove and haul off agreed items.

By signing this form, I am consenting to receiving this service and agree that the Oregon Department of Human Services, APD are not responsible for any of the items removed from my home.

Individual's signature

Date

Case manager's signature

Date

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