

Waiver for Environmental Modifications

Dear

Your care provider has asked to make changes to your environment (“Change”). The Change includes

This would alter either the inside or outside of your living space. It should make daily tasks easier for you. We would make the Change at _____ owned by _____, where you currently live (“Property”).

Before work begins on your home, _____ will work with a licensed and insured contractor to make the Change. Once the Change is approved by Empower Healthcare Solutions, no other changes to the work agreement can be made without additional review.

The Member/Owner waives any claims against Empower Healthcare Solutions that may come from faulty work or supplies, but not the Contractor.

If you agree to the Change, please sign the form. If you and _____ agree and sign, we will be able to collaborate with _____ to begin making the Change.

MEMBER OR GUARDIAN NAME (PRINT)	PROPERTY OWNER NAME (PRINT)
MEMBER OR GUARDIAN SIGNATURE	PROPERTY OWNER SIGNATURE
DATE	DATE



Empowering members to live fuller, healthier lives at home in their communities!