

Client Application & Consent Form

Name: _____ Age: _____ DOB: _____ County: _____

Phone: _____ Address: _____

City: _____ Zip Code: _____ Homeowner

An occupational therapist has assessed my home and determined a need for the following home modifications:

Home Modification	Location	Funds	# of installs

Cost Sharing Guidelines Form

If you have an opportunity to donate to the agency towards your project, there is a suggested cost share.

HOMEOWNER SIGNATURE: _____

CLIENT CONSENT TO SHARE PERSONAL INFORMATION

My signature on this form acknowledges that I have agreed to allow any or all of the following LCA Program Partner agencies and their approved subcontractors:

Servant's Heart

AffordaPro Restoration and ProNova Contractors

To discuss my personal information, regarding my application for the ARPA program, with a LifeCare representative.

Client Signature/Clients Representative

Date

The information I have given is true to the best of my knowledge and I am unable to have the modification/repair made myself and/or completed by another insurer or community support program. I authorize LifeCare Alliance to contract to have the attached work completed on my home. I also understand that my property will remain in the modified state after I leave the residence.

I understand that no additional modification request(s) will be added after this date.

HOMEOWNER SIGNATURE: _____ Date: _____

The work authorized by me has been completed. The property was left in satisfactory condition, and incidental damages have been repaired. Warranty has been provided to consumer for workmanship for a _____ period.

HOMEOWNER SIGNATURE: _____

Follow up assessment date: _____

Staff Name: _____

Staff Signature: _____

LifeCare Alliance