



## Letter of Permission for Environmental Accessibility Adaptations (EAAs)

Office of Aging and Adult Services (OAAS) Community Choice Waiver (CCW) participants must obtain their Landlord/Owner or Property Manager's written permission for any proposed Environmental Accessibility Adaptations (EAA) prior to OAAS service approval. Without written permission and a current lease, the EAA cannot proceed.

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ Region: \_\_\_\_\_

City: \_\_\_\_\_, LA ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Support Coordination Agency (SCA): \_\_\_\_\_

Support Coordinator: \_\_\_\_\_

### MANAGEMENT/LANDLORD/OWNER'S PERMISSION

As the Manager/Landlord/Owner of the above mentioned property, I (we) represent that I (we) have the authority to sign this Letter of Permission and hereby do authorize the Environmental Accessibility Adaption, as described below, at the above-mentioned address by OAAS' licensed EAA service provider. I (we) also grant the EAA service provider and EAA assessor reasonable access to the property to make modifications or alterations.

Owner/Property Manager/Landlord Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Region: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Description of proposed Environmental Accessibility Adaption (EAA):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager / Owner /Landlord Printed Name: \_\_\_\_\_

Manager / Owner /Landlord Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Attach the participant's current lease to the form prior to submission to OAAS for EAA approval.