TEXAS Health and Human Services

Form 6508
April 2004-E

Deaf-Blind Multiple Disabilities

Specifications for Minor Home Modifications

Section I – DBMD Provider Agency

Individual Name			
Street Address	City	State	ZIP Code
Modifications Needed			
Specifications Required for the Modifications			
Name of person writing specifications	Signature – Person Writing Specifications	Date	

Section II – Landlord

Name of Landlord	☐ I **Approve** the proposed modification as described above.	☐ I **Do Not Approve** the proposed modification as described above.
	Signature – Landlord	Date

Section III – Participant/Responsible Party

Name of Responsible Party (if other than participant)	☐ I **Approve** the proposed modification as described above.	☐ I **Do Not Approve** the proposed modification as described above.
Comments		
	Signature – Responsible Party	Date