Texas Department of Aging
and Disability Services

Form 3849
September 1999-E

Community Based Alternatives

Specifications for Minor Home Modifications

Section I - HCSS Agency

Participant Name

Address

Modification Needed

Specifications Required for the Modifications:

Name of Person Writing Specifications

Signature–Person Writing Specifications

Date

Section II - Landlord

Name of Landlord

☐ **I APPROVE of the proposed modification as described above.**

☐ **I DO NOT approve of the proposed modification as described above.**

Signature–Landlord

Date

Section III - Participant/Responsible Party

Name of Responsible Party (If other than Participant)

☐ **I AGREE with the proposed modification.**

☐ **I DO NOT agree with the proposed modification.**

Comments:

Signature–Participant/Responsible Party

Date