



Ohio Department of Mental Retardation and Developmental Disabilities

## Verification of Environmental Modifications

I, \_\_\_\_\_,  
Name and Title of Local County Board Representative

of \_\_\_\_\_,  
Name of County Board of MR/DD

have reviewed the environmental modifications and/or repairs completed by:

\_\_\_\_\_  
Name of contractor/provider

It is the determination of our County Board of Mental Retardation and Developmental Disabilities that the contractor/provider, identified above, has completed all modifications and/or repairs authorized by the Individual Service Plan (ISP). The modifications and/or repairs completed by the above contractor/provider meet all of the appropriate requirements as authorized by the ISP and state and/or local building codes of our county, as applicable.

\_\_\_\_\_  
Signature of Local County Board Representative Date

\_\_\_\_\_  
Signature of Witness Date