

I, \_\_\_\_\_, attest that I reside at the property located at:

\_\_\_\_\_

I have reviewed the proposed plan and give my permission for the installation of the following equipment and/or modifications: \_\_\_\_\_

\_\_\_\_\_

I understand that I will be the owner of the equipment that is installed. I will also be responsible for the maintenance of the equipment, including repairs. If I move, I am responsible for moving the installed equipment to the new location for continued use. UIC – Division of Specialized Care for Children (DSCC) may be able to help support relocating the equipment dependent upon eligibility. If I am no longer in need of the equipment, I will be responsible for appropriately disposing of it.

I understand DSCC's program accepts no liability in connection with the installation, removal and training of said equipment and/or modifications. DSCC shall incur no liability for any injuries or damage related to the use/misuse of the installed equipment/modification(s).

Participant/Legal Guardian Name (Printed): \_\_\_\_\_

Participant/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Legal Guardian Address: \_\_\_\_\_

Participant/Legal Guardian Phone Number: \_\_\_\_\_

**Office Use Only**

DSCC ID: \_\_\_\_\_

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

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