



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. The University of Illinois Chicago's 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: _____