



State of Utah
Department of Workforce Services
INDEPENDENT LIVING / ASSISTIVE TECHNOLOGY PROGRAM
HOME INSTALLATION AGREEMENT

Consumer name: _____

Name of property owner: _____

Installation address: _____

As the owner of the property named in the installation address above, I agree to allow the assistive technology equipment with the associated work to be installed as described below. I have reviewed and I approve of the specifications with associated plans or drawings and/or other documents regarding this installation.

Description of the assistive technology and associated work:

Property owner signature: _____ Date: _____

CONSUMER / REPRESENTATIVE AGREEMENT:

I agree with the installation and associated work as described above. I have reviewed and I approve of the specifications with associated plans or drawings and/or other documents regarding this installation.

It is not my intent to change my place of residence in the next three years. If I do, I understand that the cost of removal and/or reinstallation of this equipment will be my responsibility. **I will also notify the IL Coordinator before relocating.**

Consumer / Representative signature: _____ Date: _____

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.