



P.O. Box 25010
Little Rock, AR 72221

The below form is to be used for Arkansas Total Care members who need to have a change made to the inside or outside of their living space. This change should help make daily tasks easier for the member. The form should list all of the details of the change being asked for.

This form will serve as the member's consent to move forward with the listed change. By signing the form, the member agrees to let Arkansas Total Care work to make the change to the member's living space.

Arkansas Total Care values our members. We want to help them reach their health goals. If you have questions about this form, please reach out to us at 1-866-282-6280 (TTY: 711).



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PERMISSION FOR PROPERTY MODIFICATION

The member and, if different from the member, the property owner (“**Member/Owner**”), by signing this form, agree to let Arkansas Total Care move forward with the below property change (“**Change**”).

PROPERTY.	
CHANGE.	

The Change will be made at the property in line with the below terms and conditions.

1. Arkansas Total Care will work with its approved provider, <PROVIDER NAME>, to hire a qualified contractor (“**Builder**”) to make the Change. Before work on the Change starts, the Member/Owner must review the Change details. General plans for the Change will be given for the Member/Owner to review. The Builder will not start work on the Change until the Member/Owner has given written consent of the plans. The Member/Owner must give written consent before work will start. If this consent is not gotten within 45 days of submitting the plans, Arkansas Total Care has the right to withdraw this offer.
2. Once Arkansas Total Care gets written consent for the Change, the Member/Owner will be deemed to have given the Builder all needed licenses, permissions, and approvals (“**Permission**”). This Permission allows the Builder to enter the property, make the Change, and place the Change on the property.

If needed, the Member/Owner shall give such documents as may be legally required to confirm such Permission. All efforts will be made to do the work on non-holiday weekdays between the hours of 7 a.m. and 6 p.m. The Builder will talk with the Member/Owner to make a work schedule. The Member/Owner must give the Builder an adequate number of successive days to make the Change.

3. All animals at the work site must be secured and kept away from workers at all times. The Member/Owner agree to make the work space free from clutter, debris, and unsafe conditions. The Builder has the right to leave the property if they deem it to be unsafe for workers.
4. The Change will be made at no cost to the Member/Owner.



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5. By signing this form, the Member/Owner confirm that they are not aware of any private rules that might be broken by making this Change. Examples of such rules are Subdivision Indentures or Neighborhood Association rules.
6. The Member/Owner will give the Builder any details they have that might help the Builder with the Change. Such details may include construction drawings, surveys of the property, or the site of utility lines. The Member/Owner shall grant such water and electrical hookups as reasonably needed by the Builder to make the Change at no cost to Arkansas Total Care, the provider, or the Builder.
7. The Builder will be licensed and insured with coverage typical of such Builders in the locale.
8. Before work on the Change starts, and to the extent such are legally required, the Builder will get all permits, licenses, and approval of governmental jurisdictions that have authority over the work (“**Building Permits**”). The Builder must make sure the Change has all needed Building Permits before work on the Change starts. The Member/Owner agree to provide such papers as may be needed to get such Building Permits.
9. Neither Arkansas Total Care, the provider, nor the Builder shall be responsible for:
 - a. Removing the Change or restoring the space to its original state if the Member/Owner decide they do not want the Change.
 - b. Routine maintenance of the Change. Both of these tasks will be the sole duty of the Member/Owner.
10. All express warranties, such as those against faulty workmanship and materials from the Builder, will be given to the Member/Owner. The Member/Owner shall have the sole right to enforce such warranties.

In the event that some part of the Change made is not right, or if something breaks, it will be the Member/Owner’s duty to reach out to the Builder about any warranties. The Member/Owner will look to the Builder to make right any claims of faulty work or materials.

The Member/Owner waive any claims against Arkansas Total Care and the provider that may come from faulty work or materials, including breach of implied warranties of merchantability and fitness for a specific purpose.

Any change to this form must be agreed to in writing by Arkansas Total Care. Except for blanks on printed forms, no handwritten or separately printed changes will be effective, even if they are initialed or signed.



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I understand that someone from Arkansas Total Care may reach out to me about this Change.

MEMBER. <hr/>	PROPERTY OWNER. <hr/>
DATE. <hr/>	DATE. <hr/>
PARENT OR LEGAL GUARDIAN OF MEMBER. <hr/>	PROPERTY OWNER. <hr/>
DATE. <hr/>	DATE. <hr/>

Statement of Non-Discrimination

Arkansas Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Arkansas Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Arkansas Total Care:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Arkansas Total Care at 1-866-282-6280 or TTY: 711. If you believe that Arkansas Total Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Arkansas Total Care Quality Department, Arkansas Total Care, P.O. Box 25010, Little Rock, Arkansas 72221, 1-866-282-6280 or TTY: 711. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance Arkansas Total Care is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TTY)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

All materials are available for written or oral translation, in your language or alternative formats at no cost by calling 1-866-282-6280 or TTY: 711.

Language Assistance:

Spanish:

Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Arkansas Total Care tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-282-6280 or TTY: 711.

Vietnamese:

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Arkansas Total Care, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-282-6280 or TTY: 711.

Marshallese:

Ñe kwe, ak bar juon eo kwōj jipañe, ewōr an kajjitōk kōn Arkansas Total Care, ewōr am jimwe in bōk jipañ im melele ko ilo kajin eo am ejjelōk wōṇāān. Ñan kōnono ippān juon ri-ukōk, kirlōk 1-866-282-6280 TTY: 711.

Chinese:

如果您，或是您正在協助的對象，有關於Arkansas Total Care方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-866-282-6280 or TTY: 711.

Laotian:

ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມ ຄຳຖາມກ່ຽວກັບ Arkansas Total Care, ທ່ານ ມ ສິດທິ 'ຈະໄດ້ ຮັບການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນ ຂ່າວສານ ທີ່ບໍ່ມີ ພາສາຂອງທ່ານ ໂດຍບໍ່ມີ ຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍ ພາສາ ໃຫ້ໄທ ຫາ 1-866-282-6280 or TTY: 711.

Tagalog:

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Arkansas Total Care, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-866-282-6280 or TTY: 711.

Arabic:

لوصلح لاي قحلا كيديل ، لروح قلىسأ هدعاست صخش ىدل وأ كيديل ناك اذا ب لصتا م جرتم عم ثدحتلل . قفلكت قىأ نود نم كت غلب قىرورضللا تامول عمل او قدعاسملا ىلع 1-866-282-6280 or TTY: 711.

German:

Falls Sie oder jemand, dem Sie helfen, Fragen zu Arkansas Total Care hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-866-282-6280 or TTY: 711.

French:

Si vous-même ou une personne que vous aidez avez des questions à propos Arkansas Total Care, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-866-282-6280 or TTY: 711.

Hmong:

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Arkansas Total Care, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-866-282-6280 or TTY: 711.

Korean:

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Arkansas Total Care에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-866-282-6280 or TTY: 711 로 전화하십시오.

Portuguese:

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Arkansas Total Care, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-866-282-6280 or TTY: 711.

Japanese:

Arkansas Total Care について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-866-282-6280 or TTY: 711 までお電話ください。

Hindi:

आप या जिसकी आप मदद कर रहे हैं उनके, Arkansas Total Care के बारे में कोई सवाल हों, तो आपको बबना ककसी खर्च के अपनी भाषा में मदद और निकाारी प्राप्त करने का अधिकार है। ककसी दुभाषये से बात करने के ललए 1-866-282-6280 or TTY: 711 पर कॉल करें।

Gujarati:

જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને Arkansas Total Care વવશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વવના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અવકાર છે. દુભાવષયા સાથે વાત કરવા માટે 1-866-282-6280 or TTY: 711.