



Referral for Home Environmental Adaptations

Date: _____

County: _____

Client Information:

Client Name: _____

Address: _____

City/State/Zip: _____

Birth Date: _____

Contact Person: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Does the client own or rent the home to be modified?

☐ Own Landlord: _____

☐ Rent Phone: _____

Email: _____

Is this a new construction project? ☐ Yes ☐ No

New address: _____

Case Manager Information:

Name: _____

Agency: _____

Phone: _____

Email: _____

Supervisor Information:

Name: _____

Phone: _____

Email: _____

Describe Adaptations to Explore:

Waiver Information:

Client PMI #: _____

Diagnosis Codes: _____

Service Plan Dates: _____ to _____

Waiver Type: ☐ DD ☐ CADI

☐ CAC ☐ BI ☐ CLTS-WI

Short-term waiver? ☐ Yes ☐ No

Is a positive support specialist involved?

☐ Yes Name: _____

☐ No Agency: _____

Phone: _____

Email: _____

Any funds allocated for home/vehicle modifications to date?

☐ Yes ☐ No If yes, how much: \$ _____

Billing Information: *(Don't miss this section)*

☐ MN-its ☐ Spenddown \$ _____

☐ CDCS & MN-its ☐ CLTS-WI

CDCS Contact: _____

Agency: _____

Phone: _____

Email: _____

Contact case manager for discussion prior to home visit for additional information regarding referral?

☐ Yes ☐ No

☐ Please email this form to countyrequest@accessibilitydesign.com Questions? Please call (952) 925-0301.

☐ Accessibility Design's MA Provider #: A532015100, Service Code: T1028

☐ Services and fees accrue upon the submission of this form to Accessibility Design, Inc.

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