

## 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](mailto:countyrequest@accessibilitydesign.com) Questions? Please call (952) 925-0301.
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