



**Minnesota
Request for Services
Home Environmental Adaptations**

Date: _____

MN 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

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

CDCS Contact: _____

Agency: _____

Phone: _____

Email: _____

Contact case manager for discussion prior to home visit for additional info 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.