



Wisconsin
Request for Services
Home Environmental Adaptations

Date:
WI 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:

[] Yes [] No

Waiver Information:

Client Member ID #: _____
Diagnosis Codes: _____
Service Start Date: _____
Waiver Type: [] CLTS
[] Other

Is a positive support specialist involved?

[] Yes Name: _____
No Agency: _____
Phone: _____
Email: _____

Billing Information: (Don't miss this section)

CLTS
Other

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.
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