



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 If yes, new address will be:

No _____

Case Manager Information:

Name: _____

Agency: _____

Phone: _____

Email: _____

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

Yes No

Describe Adaptations to Explore:

Waiver Information:

Client PMI #: _____

Diagnosis Codes: _____

Service Plan Dates: _____ to _____

Waiver Type: DD CADI

CAC BI

Is a positive support specialist involved?

Yes Name: _____

No Agency: _____

Phone: _____

Email: _____

Short-term waiver? Yes No

Any funds allocated for home/vehicle modifications to date?

Yes No If yes, how much: \$ _____

Billing Information:

MN-ITS Spenddown \$ _____

CDCS & MN-ITS

Contact Name: _____

Agency: _____

Email: _____

Phone: _____

Please email this form to countyreferral@accessibilitydesign.com. Please call (952) 925-0301 with questions.

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