



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.

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

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

CONFIDENTIALITY DISCLAIMER: In accordance with the HIPAA, this referral contains protected health information for the sole use of the intended recipient. Any unauthorized use, disclosure, dissemination, distribution or copying of this information is prohibited.

Updated: 08/26/2019