



ACCESS SOLUTIONS

Environmental Modifications
Referral Form
UMPI A707657300
Service Code:T1028

To: Access Solutions Email: **AccessSolutions**@centrexrehab.com Fax: 952.346.8680 Phone: 952.495.6006

Date: _____ County: _____ County Contact: _____

Title: _____ Email: _____ Phone: _____

Client Name: _____ DOB: _____ PMI: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Client Email _____ Diagnosis: _____

Responsible Party: _____ Relationship: _____

Phone: _____ Alternate Phone: _____ Own or rent? Own Rent

Comments: _____

Waiver Type: DD CADI CAC BI Other _____

Service Year Start Date _____ Short Term: Yes No

CDCS FSE Contact: : _____

Email: _____

Phone: _____

Client Co-pay: Yes No \$ _____ per _____

If DD Waiver is a Behavioral Specialist involved? Yes No

Name: _____

Agency: _____

Email: _____

Phone: _____

Has any of the \$40,000 EAA funding been used or allocated for vehicle modifications, assistive technology or previous home modifications in this budget year? Yes No

If yes, how much? \$ _____

Services Requested:

Home Access Assessment/ Recommendation Report – Professional assessment to assess ability to perform ADLs and barriers in the home.

Modification / Design Solutions – Provide recommendations and solutions to create an appropriate, safe, and functional environment. Includes design development, space planning, conceptual drawings and specialty product specifications as needed.

Work Scope/Bid Proposal Prep – Prepare a work scope for contractors to assure compatible bids.

Bid Gathering – Schedule and meet contractors for bid walk throughs and onsite project review. Review bids for accuracy and submit bid package to case manager for approval. This allows for questions and concerns regarding modifications to be handled quickly and effectively.

Project Management – Oversee implementation of home modifications