TEXAS
Health and Human Services

Form 3849-A
March 2012-E

Community Living Assistance and Support Services (CLASS)

Specifications for Adaptive Aids/Medical Supplies/ Minor Home Modifications

Section I – Direct Service Agency (DSA)

Individual's Name	Medicaid Number
Individual's Address	Physical Address of Location to be Modified
If the above addresses are not identical, explain:	
Adaptive Aids/Medical Supplies/Minor Home Modifications Requested:	
Specifications for item/service to be purchased (may be attached to the form)	
Print Name of Person Writing Specifications	Credentials/Title of Person Writing Specifications
Signature - Person Writing Specifications	Date
Signature of DSA Representative	Date

Section II – Individual/Legally Authorized Representative (LAR)

Print Name of Individual/LAR	☐ I **Agree** with the proposed specifications.	☐ I **Do Not** agree with the proposed specifications.
Comments		
Signature - Individual/LAR	Date	

Section III – Case Management Agency

Signature - Case Manager	Date

Section IV – Landlord /Property Owner ☐ Not Applicable

☐ I **Approve** the modification(s) to my property, as described above. ☐ I **Do Not** approve the proposed modification(s) as described above.

Print Name of Landlord/Property Owner	
Signature - Landlord/Property Owner	Date