livablehome SOLUTIONS

Home Modification Assessment (HMA) REFERRAL FORM

UMPI: A697995600 **Service Code:** T1028

W: www.LivableHomeSolutions.com
P: 952.463.8779
E: referrals@LivableHomeSolutions.com

County/Lead Agency: _____ **Date of Referral:** _____

Case Manager: _____ **Supervisor:** _____
Email: _____ **Email:** _____
Phone: _____ **Phone:** _____

Client: _____ **Responsible Party:** ☐ Self ☐ Other: _____
PMI: _____ **DOB:** _____
Pronouns Used: ☐ she/her ☐ he/him ☐ they/them **Primary language spoken:** _____
Diagnosis: _____ **Interpreter Needed?** ☐ Yes ☐ No

Address: _____ **City:** _____ **State:** ___ **Zip:** _____
Email: _____ **Phone:** _____

Contact for scheduling: ☐ Client
☐ **Alternate Contact:** _____ **Relationship to Client:** _____
Email: _____ **Phone:** _____

Waiver: ☐ CADI ☐ CAC ☐ BI ☐ DD ☐ AC ☐ EW: **MCO provider**: _____
Plan Year Dates: _____ to _____ **EAA funds used this plan:** _____
Is there a spend down or co-pay? ☐ Yes **Estimated Amount?** _____ ☐ No

CDCS: ☐ Yes ☐ No **Behavioral Specialist:** ☐ Yes ☐ No
Name: _____ **Name:** _____
Email: _____ **Email:** _____

Does Client: ☐ Own ☐ Rent **Type of Home:** ☐ House ☐ Apt/Condo ☐ Townhome ☐ Manuf.Home ☐ Supp. Living
If Renting, has Landlord been notified of need for modifications? Yes ☐ No ☐
Landlord/ Homeowner Association Contact:
Name: _____ **Email:** _____ **Phone:** _____

Services Provided:
Phase 1: Assessment, Report, Design Development, Drawings, Work Scope, Bid Gathering
Phase 2: Pre-Construction Meeting/Planning, Oversee Installation/Implementation, Final Walk Thru/Sign-Off

Areas to be assessed: ☐ Entrance ☐ Vertical Access ☐ Bathroom ☐ Bedroom ☐ Exterior ☐ Kitchen ☐ Other
☐ **Please contact Case Manager** before scheduling Home Modification Assessment

Notes:

For Office Use Only: ☐ KT ☐ CM SCH: _____