



Home Modification Assessment (HMA)  
**REFERRAL FORM**  
 UMPI: A697995600 Service Code: T1028  
 W: [www.LivableHomeSolutions.com](http://www.LivableHomeSolutions.com)  
 P: 952.463.8779  
 E: [referrals@LivableHomeSolutions.com](mailto:referrals@LivableHomeSolutions.com)

Date: \_\_\_\_\_ County : \_\_\_\_\_

Case Manager: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Client: \_\_\_\_\_ PMI: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsible Party/Alternate Contact: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Waiver:  CADI  CAC  BI  DD  AC  EW Dx: \_\_\_\_\_

Plan Year Dates: \_\_\_\_\_ to \_\_\_\_\_ EAA funds used this plan: \_\_\_\_\_

CDCS:  Yes  No Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Behavioral Specialist:  Yes  No Name: \_\_\_\_\_ 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:**

Notes area for handwritten or typed information.