



Environmental Accessibility Adaptions (EAA) Referral Form

Referral Date _____

Client Information

Name _____ DOB _____ PMI# _____
Address _____ City _____ ZIP _____
Contact Person _____ Relationship _____
Cell Phone _____ Email _____
Diagnosis _____

Are you the homeowner where the work will be performed? ☐ Yes ☐ No

If you answered no, please list info for the homeowner or property management company.

Name _____ Email _____ Phone _____

Waiver Information

☐ CADI ☐ DD ☐ CAC ☐ BI ☐ AC

Plan Dates: Start _____ End _____ EAA Amount Available \$ _____

Does client have a spend down? ☐ Yes \$ _____ ☐ No

If CDCS - FMS Contact Information

Name _____ Email _____ Phone _____

Case Manager Information

Is the MN Choice Supplemental Summary Chart or Narrative Summary attached? ☐ Yes ☐ No

Name _____ County _____

Phone _____ Email _____

Supervisor _____ Email _____

Modifications to consider:

Requested Services

☐ **Assessment Phase 1:** Home visit, summary, designs (if applicable), scope of work, submission to case manager. Case manager collects bids & oversees project to completion.

☐ **Assessment Phase 2:** All items in Phase 1, Contractor selection, bid walk-through, bid reports, preconstruction meetings, change orders (if applicable), final walk through, completion paperwork.