



Referral for Environmental Adaptations

UMPI # A236615400

Please email this PDF fill-in form to Shannon Eberlein at Shannon@ModifiedLivingSpaces.com.

If you have any questions, please call (651) 383-7755. Thank you for this referral!

DATE OF REFERRAL _____

CLIENT INFORMATION

Name _____	DOB _____
Address _____	PMI # _____
City, State, Zip _____	DX Codes _____
Contact Person _____	Interpreter needed? Yes No
Relationship _____	Contact _____
Phone - Mobile _____	Phone _____ Email _____
Phone - Home _____	Home Ownership? Own Rent
Email _____	Landlord _____
Other _____	Phone _____ Email _____

WAIVER INFORMATION

CADI	CAC	Short Term Waiver?	Yes	If CDCS, FMS Contact Information
BI	EW	Plan Start Date	_____	Name _____
DD	AC	Plan End Date	_____	Agency _____
Behavior Specialist Contact Information				Phone _____
Name _____				Email _____
Agency _____				Is there a co-pay or spend down? \$ _____
Phone _____				Has any money been spent on home or vehicle adaptations in the current budget year? If so, how much? \$ _____
Email _____				

CASE MANAGER INFORMATION

Name _____

Phone _____

Email _____

County _____

Contact case manager prior to assessment?

Yes Not necessary

Is the MN Choices Eligibility Summary attached? Yes

ADAPTATIONS TO EXPLORE