



Referral for Environmental Adaptations

NPI # A236615400

Please email this PDF fill-in form to Info@ModifiedLivingSpaces.com.
If you have any questions, please call (763) 213-7350.

DATE OF REFERRAL _____

CLIENT INFORMATION

Name _____
 Address _____
 City, State, Zip _____
 Contact Person _____
 Relationship _____
 Phone - Mobile _____
 Phone - Home _____
 Email _____
 Other _____

DOB _____
 PMI # _____
 DX Codes _____

Is a Language Interpreter Needed? **Yes**
 Agency _____

Phone _____ Language _____

Home Ownership **Own** **Rent**

If Renting, who is Landlord? _____

Phone _____ Email _____

WAIVER INFORMATION

CADI	CAC	Short Term Waiver?	Yes
BI	EW	Plan Start Date	_____
DD	AC	Plan End Date	_____

If CDCS, FMS Contact Information

Name _____

Agency _____

Phone _____

Email _____

Behavior Specialist Contact Information *(if one is involved)*

Name _____

Agency _____

Phone _____

Email _____

Is there a co-pay or spend down? \$ _____

Has any money been spent on home or vehicle adaptations in the current service plan year? If so, how much? \$ _____

CASE MANAGER INFORMATION

Name _____

Phone _____

Email _____

County _____

ADAPTATIONS TO EXPLORE

Please attach the MN Choices Assessment "Supplemental Summary Charts" or "Narrative Summaries"

Attached

Other Document