



Referral for EAA Modifications

NPI # A236615400

Only one assessment agency can be paid through the waiver. Please send a referral to only one assessment agency to avoid duplicate services.

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 _____	DOB _____
Address _____	PMI # _____
City, State, Zip _____	DX Codes _____
Contact Person _____	
Relationship _____	Is a Language Interpreter Needed? Yes
Phone - Mobile _____	Agency _____
Phone - Home _____	Phone _____ Language _____
Email _____	Home Ownership Own Rent
Other _____	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	_____

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

Name	_____
Agency	_____
Phone	_____
Email	_____

If CDCS, FMS Contact Information

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 Functional Assessment & any other documentation related to this request.

Attached

Other Document