

# Allen Access

## Home Modification Assessment Referral Form

Referral Date \_\_\_\_\_

### Client/Waiver Information

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Site Address \_\_\_\_\_ PMI \_\_\_\_\_

Client Diagnosis \_\_\_\_\_ Waiver \_\_\_\_\_

Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spenddown Info \_\_\_\_\_ Email \_\_\_\_\_

Service Plan \_\_\_\_\_ EAA \$ Amt  
Dates \_\_\_\_\_ to \_\_\_\_\_ Remaining \_\_\_\_\_

Have other EAA Providers been involved in the past or present? \_\_\_\_\_

### Case Manager Information County \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### Case Manager Supervisor Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### If CDCS, FMS Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Legal Property Owner(s) Is this a Rental, HOA, or Supported Living Home? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### Modifications Requested

### Other Pertinent Information

### Services Provided

Phase 1: On-site Assessment, Assessment Report, Work Scope, CAD Drawings as needed, Bid Collection, Bid Report

Phase 2: Pre-Construction Meeting, Project Assistance, Final Walkthrough and Final Documents