



County

REQUEST FOR ENVIRONMENTAL MODIFICATIONS

Member Name			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
Address			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Medicaid #			

A. AFFIX PHYSICIAN'S PRESCRIPTION AND PHYSICAL THERAPIST/OCCUPATIONAL THERAPIST EVALUATION			
Primary Diagnosis		Diagnostic Code	
Secondary Diagnosis		Diagnostic Code	
Related Diagnosis		Diagnostic Code	

B. AFFIX BID(S) AND JUSTIFICATION FOR VENDOR SELECTION

C. REQUEST FOR APPROVAL (to be completed by Case Manager)			
<p>_____ is to provide _____</p> <p>(as itemized on the attached bid) to the above named Member for a cost of \$ _____ payable by ADvantage. This request complies with the Member's Service Plan and with the ADvantage Program's procurement procedures for purchase of goods and services. If rental property, signed permission has been obtained from the property owner for the requested home modifications.</p>			
Case Management Agency/Representative			
Case Management Signature		Date	

Administrative Review	
<input type="checkbox"/> Cost > \$2,500 – Administrative Review Required	
Program Manager or Designee	Date Reviewed
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	