

# ELEMENTS OF HOME LLC

## Environmental Adaptations Referral Form UMPI # A802690400

Please email this form to: info@elementsofhome.org  
Questions, please call (612) 834-7693  
Thank you for your referral!

Date: \_\_\_\_\_ County: \_\_\_\_\_

### CLIENT INFORMATION

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Rental?

Landlord: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

New construction project

### CASE MANAGER INFORMATION

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact CM before a home visit? \_\_\_\_\_

### ADAPTATIONS TO BE CONSIDERED:

### WAIVER INFORMATION

Diagnosis Codes: \_\_\_\_\_

PMI # \_\_\_\_\_

Service Plan Dates \_\_\_\_\_ to \_\_\_\_\_

CADI  DD  EW  BI  CAC  AC

### If CDCS, FMS Contact Information

Contact Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### REQUESTED SERVICES

**Project Coordination:** Home assessment, scope of work, contractor bid collection, submission & oversee project through completion.

**Home Assessment:** Home visit to evaluate safety and accessibility needs, followed by submission of recommendations. Case manager to collect bids.

**Contractor Bid Collection:** Gather contractor bids from reputable, cost-effective MN provider contractors/vendors.