

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.