



# Home Modification / Equipment Request Referral Form

BUTLER     
  GREENE     
  WARREN     
  CLERMONT     
  MONTGOMERY

Referral Date

**Home Modification Request**     
  **Equipment Request**     
  **Home Modification and Equipment Request**

Individual  Phone Number/Email  DOB

Address  Primary Contact Name  Relationship

Span Date  Primary Contact Phone Number

Primary Contact Email

Service Facilitator/SSA  Phone Number/Email

SSA Supervisor/Mgr  Phone Number/Email

Waiver/Fiscal Speclst  Phone Number/Email

Waiver/Fiscal Mgr  Phone Number/Email

### FUNDING INFORMATION

#### Home Modification and Equipment WAIVER LIMITS

I/O WAIVER (HomeMod: limit \$7,500 per proj, Equipment: limit \$10,000)     
  TDD WAIVER (limit \$10,000 per year)

LEVEL ONE WAIVER (limit \$7500 / 3 years unless using emergency)     
  SELF WAIVER (Participant Directed Goods & Services)

**LOCAL FUNDS - NO WAIVER**

Waiver Type  Total Waiver Funds Available

Transition to New Waiver?  Yes     
 If Yes, Transition Date      
 New Waiver Type

#### Please indicate if the individual has the following.....

	Yes	No	CARRIER	NUMBER
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>		
Medicare	<input type="checkbox"/>	<input type="checkbox"/>		
Private Insurance	<input type="checkbox"/>	<input type="checkbox"/>		

STOP - If Individual has any of the above, in most cases, a valid denial is required before the item can be considered for authorization on a waiver. \*\*Contact HOME MOD/EQUIPMENT COORDINATOR to verify if denial is needed\*\*



# Home Modification / Equipment Request Referral Form

## Therapy Evaluation, select one:

Currently working with a therapist      Name       Contact   
 Therapy Evaluation Attached     Therapy Evaluation Needed     Unsure if Therapy Evaluation is Needed

## Type of Residence, select one:

Family Owned       Rental

## Description of Need - EQUIPMENT REQUEST (if applicable)

## PRODUCT SELECTION

VENDOR       ITEM NUMBER   
 SIZE       COLOR   
 ANY ADDITIONAL DETAILS

## Description of Need - HOME MODIFICATION REQUEST (if applicable)

SSA Signature   
 Date

Manager Signature   
 Date

**ONCE REFERRAL IS COMPLETE, PLEASE SEND TO : HME@SWOCOG.ORG**

HOME MODIFICATION/EQUIPMENT COORDINATOR	COUNTIES SERVED	EMAIL	PHONE
CAROLINE MASSINGILL	Greene Co., Warren Co., (Montgomery Co - last name A-L)	caroline.massingill@swocog.org	513-559-6893 (Office) 513-503-2117 (Cell)
HOLLY WOOLDRIDGE	Butler Co., Clermont Co., & (Montgomery Co - last name M-Z)	holly.wooldridge@swocog.org	513-559-6758 (Office) 513-439-3124 (Cell)