



Home Modification / Equipment Request Referral Form

BUTLER
 GREENE
 WARREN
 CLERMONT
 MONTGOMERY

Referral Date

Home Modification Request
 Equipment Request
 Home Modification and Equipment Request

Individual	<input style="width: 95%; height: 25px;" type="text"/>	Phone Number/Email	<input style="width: 95%; height: 25px;" type="text"/>	DOB	<input style="width: 95%; height: 25px;" type="text"/>	
Address	<input style="width: 95%; height: 50px;" type="text"/>	Primary Contact Name	<input style="width: 95%; height: 25px;" type="text"/>	Relationship	<input style="width: 95%; height: 25px;" type="text"/>	
		Primary Contact Phone Number	<input style="width: 95%; height: 25px;" type="text"/>			
Span Date	<input style="width: 95%; height: 25px;" type="text"/>	Primary Contact Email	<input style="width: 95%; height: 25px;" type="text"/>			

Service Facilitator/SSA	<input style="width: 95%; height: 25px;" type="text"/>	Email	<input style="width: 95%; height: 25px;" type="text"/>	Phone	<input style="width: 95%; height: 25px;" type="text"/>
SSA Supervisor/Mgr	<input style="width: 95%; height: 25px;" type="text"/>	Email	<input style="width: 95%; height: 25px;" type="text"/>	Phone	<input style="width: 95%; height: 25px;" type="text"/>
Waiver/Fiscal Speclst	<input style="width: 95%; height: 25px;" type="text"/>	Email	<input style="width: 95%; height: 25px;" type="text"/>	Phone	<input style="width: 95%; height: 25px;" type="text"/>
Waiver/Fiscal Mgr	<input style="width: 95%; height: 25px;" type="text"/>	Email	<input style="width: 95%; height: 25px;" type="text"/>	Phone	<input style="width: 95%; height: 25px;" type="text"/>

FUNDING INFORMATION

Home Modification and Equipment WAIVER LIMITS

I/O WAIVER (HomeMod: limit \$10,000 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

Prior Authorization	<input type="checkbox"/> Yes	Total Waiver Funds Available	<input style="width: 95%; height: 25px;" type="text"/>
	<input type="checkbox"/> No		
Transition to New Waiver?	<input type="checkbox"/> Yes	If Yes, Transition Date	<input style="width: 95%; height: 25px;" type="text"/>
	<input type="checkbox"/> No	New Waiver Type	<input style="width: 95%; height: 25px;" type="text"/>

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**



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Therapy Evaluation, select one:

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

DOCTOR INFORMATION

Name Phone

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
KIM STEIDLE	Butler, Clermont, Greene, Montgomery, & Warren	kim.steidle@swocog.org	513-559-6843 (Office) 513-526-1289(Cell)