



County: _____

NPI # 1730041229

Date: _____

Referral for
Home Environmental Adaptations

Please Email form to [\(idealhamn@gmail.com\)](mailto:idealhamn@gmail.com)
(612) 414-3325

Call or email with questions and team and we
would be happy to assist.

Client Information:

Client PMI #:

Client Name:

Date of Birth:

Home Phone:

Cell Phone:

Email:

Address:

City/State/Zip:

Contact Person:

Relationship:

Is the client the homeowner?

Yes

No

If no, please list contact info for the homeowner or property
management company:

Name:

Phone:

Email:

Waiver Information

CADI	DD	CAC	BI	AC
Waiver Span	Start:	End:	Amount Available	
Dates:			for Modifications:	\$
Does client have a spend-down:	No			
	Yes	\$		

FMS Information

Agency:	Contact Name:
Phone:	Email:
Supervisor:	Phone:
	Email:

Case Manager Information

Agency:	Name:
Phone:	Email:
Supervisor:	Phone:
	Email:

Modifications to Explore: