



Referral for  
Home Environmental Adaptations

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

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

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.

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**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  
for Modifications: \$

Dates:

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:**