

WEST VIRGINIA I/DD WAIVER
REQUEST FOR ENVIRONMENTAL ACCESSIBILITY ADAPTATION (EAA)
and/or GOODS AND SERVICES (G&S)
 (To be completed by the Service Coordinator)

Name of Person Who Receives Services		Date	
Medicaid Number		Type of Residence (✓)	<input type="checkbox"/> Natural Family
SC Agency			<input type="checkbox"/> SFCH
SC Name			<input type="checkbox"/> Unlicensed Res.
SC Phone #			<input type="checkbox"/> Group Home

EAA/G&S Requested for (✓):

- EAA for Home (Must be prior-authorized by UMC)
 Rental Property? Yes or No
- EAA for Vehicle (Must be prior-authorized by UMC)
 Who owns the vehicle? _____ How many vehicles does the family own? __
 Is the request for the primary vehicle utilized for transport of the person who receives services? Yes or No
- Goods & Services (Must be prior-authorized by the UMC or Personal Options Vendor)

Brief description of the EAA or G&S Needed (Invoice including itemization of materials and services on contractor letterhead must be attached):

Total Amount Requested EAA or G&S \$ _____
EAA and G&S combined cannot exceed \$1,000 per service year

Vendor Information

Vendor Name:	
Vendor Address:	
Vendor Phone #:	
Vendor Qualifications:	

A copy of the following documentation must be attached for processing and determination:

- IPP recommendations detailing need for this EAA or G&S
- The invoice detailing costs and description for the EAA or G&S
- If approved, receipts for the EAA or G&S must accompany this form and be attached to the clinical record on CareConnection©

Signature/Name of Person Who Receives Services		Date	
Representative Signature		Date	
Service Coordinator Signature		Date	