

**WEST VIRGINIA AGED AND DISABLED WAIVER
REQUEST FOR ENVIRONMENTAL ACCESSIBILITY
ADAPTATION (EAA)**

Member Name		Date	
Medicaid Number		Type of Residence (✓)	Own your home
CM Agency			Live with family
CM Name			Rent your home
CM Phone #			Live with non-family

EAA Requested for (✓):

_____EAA for Home

_____EAA for Vehicle

Who owns the vehicle? _____

Is the request for the primary vehicle utilized for transport of the person who receives services? Yes _____ or No _____

Brief description of the EAA Needed (Itemized invoice or estimate from store or invoice including itemization of materials and services from contractor must be attached):

Total Amount Requested EAA	\$
EAA cannot exceed \$1,000 per service year	

Vendor information

Vendor Name:	
Vendor Address:	
Vendor Phone #:	
Business License #:	

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

- Service Plan detailing need for EAA.
- The invoice/estimate detailing costs and description for the EAA.

Member Signature		Date	
Representative Signature, if applicable		Date	
Case Manager Signature		Date	

NOTE: If approved, receipts for completed EAA must be maintained by PA agency or FMS Vendor in member file/and or UMC web portal.