

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

Member Name:

Date:

Medicaid Number:

Type of
Residence
(✓):

Own your home

CM Agency:

Live with family

CM Name:

Rent your home

CM Phone Number:

Live with
non-family

EAA Requested for (✓):

Home Vehicle Who owns the vehicle?

Is the request for the primary vehicle utilized for transport of the person who receives services? Yes 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.

If additional funding is needed (more than \$1,000), the Member will be responsible for determining an additional funding source and arranging payment for balance.

Vendor Information

Vendor Name:

Vendor Address:

Vendor Phone Number:

Business License Number:

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

