

WEST VIRGINIA I/DD WAIVER
REQUEST FOR ENVIRONMENTAL ACCESSIBILITY ADAPTATION (EAA)
 (To be completed by the Case Manager)

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

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

Total Amount Requested EAA	\$
*EAA and Goods & Services 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
 The invoice detailing costs and description for the EAA
 If approved, receipts for the EAA must accompany this form and be attached to the clinical record on UMC's web portal.

Signature/Name of Person Who Receives Services		Date	
Representative Signature		Date	
Case Manager Signature		Date	