

**WEST VIRGINIA TBI WAIVER
ENVIRONMENTAL ACCESSIBILITY ADAPTATION (EAA)
Home/Vehicle**

(To be completed by the Case Manager and attached to UM Case in ANG)

Name of Member Who Receives Services		Date	
Traditional or Personal Options			
PA Agency		PA Agency Phone #	
Medicaid Number		Type of Residence (✓)	<input type="checkbox"/> Rental
CM Agency			<input type="checkbox"/> Owned by Member
CM Name			<input type="checkbox"/> Live with homeowner
CM Phone #			<input type="checkbox"/> Other

EAA Requested for (✓):

EAA for Home (Must be prior authorized by UMC)

Lift Chair-Documentation Yes or No

EAA for Vehicle (Must be prior authorized by UMC)

Who owns the vehicle? _____

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

Was the adaptation to the home completed as specified? Yes No NA

Was the adaptation to the vehicle completed as specified? Yes No NA

Total Amount Requested EAA \$

EAA Home/Vehicle combined cannot exceed \$1,000 per service year

Vendor Information if applicable

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

A copy of the following documentation must be attached for processing.

Invoice including itemization of materials and services must be attached and a copy of the contractor's business license, if applicable.

Receipts for the EAA must accompany this form.

Signature/Name of Member/Legal Guardian		Date	
Case Manager Signature		Date	