

**WEST VIRGINIA TBI WAIVER
REQUEST FOR ENVIRONMENTAL ACCESSIBILITY ADAPTATION (EAA)**

Member Name		Date	
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

☐ 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 if applicable

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

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

☐ The invoice/estimate detailing cost 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 uploaded to the UMC web portal.