

## ENVIRONMENTAL MODIFICATION (E-Mod) DESCRIPTION AND COST PROJECTION

### HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER Traumatic Brain Injury (TBI)

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Applicant/Participant

CIN#

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Address of Proposed E-Mod

1. Describe the E-Mod that is being requested.

2. Explain how the E-Mod will help contribute toward the applicant/participant's health and welfare.

3. Attach all assessments and bids. Identify the selected bid.

**NOTE:** If this is a rental property, a signed authorization from the landlord must be attached.

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Applicant/Participant Signature

Date

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Legal Guardian /Representative (as applicable)

Signature

Date

E-Mod Provider: \_\_\_\_\_ Provider ID: \_\_\_\_\_

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Signature

Date

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Service Coordinator

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Signature

Date

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Regional Resource Development Specialist (RRDS): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Denied

Reason for denial: \_\_\_\_\_

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DOH Waiver Management Staff (if over \$15,000): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_