

HOME MODIFICATIONS SERVICE ASSESSMENT

Member's Name (Last, First, M.I.): _____ AHCCCS ID No.: _____

Project No.: _____ Age: _____ Weight: _____ Height: _____

Lives:

Alone With Family Non-Family

Owns Current copy of Mortgage Statement verified/received

Rents: Landlord/Property Owner Authorization (DDD-1620A) required

Diagnosis:

Cerebral Palsy Autism Cognitive/Intellectual Disability Epilepsy Down Syndrome At Risk

Additional Diagnosis (must describe physical limitations):

Mobility Status (check all that apply):

Independent – No assistive devices required With assistance Does not walk AFOs Cane

Crutches Member can walk: 0 – 5 feet 6 – 10 feet 11 – 15 feet 16+ feet

Walker: _____" wide X _____" long Gait Trainer: _____" wide X _____" long

Wheelchair: Manual Motorized _____" wide X _____" long

 Full-time Part-time Community only for long distance ambulation / prolonged activities

Scooter: _____" wide X _____" long

 Full-time Part-time Community only for long distance ambulation / prolonged activities

Muscle Tone-Arms/Hands: Floppy Average Stiff Varies

Muscle Tone-Legs/Feet: Floppy Average Stiff Varies

Spasticity/Uncontrollable movements: Mild Moderate Severe Varies

Balance: Steady Fair Poor Trips/Falls frequently Cannot bear any weight

Activities of Daily Living Status:

Transferring: Independent Moderate assistance Dependent

Bathing: Independent Moderate assistance Dependent

Dressing: Independent Moderate assistance Dependent

Sitting: Independent Moderate assistance Dependent

Bladder/Bowel: Independent Moderate assistance Dependent Wears incontinent aids

Assessor's Name (Print or type): _____

Signature: _____ Date: _____

Member's Name (Last, First, M.I.): _____ AHCCCS ID No.: _____

RECOMMENDATIONS

A Home Modification Assessment was completed today and the recommendations are for the following:

Durable Medical Equipment (DME): The Member/Legal Representative will work with the member's Primary Care Physician (PCP) to pursue the DME through the member's Acute Care Plan.

The member/responsible person was provided the "How to pursue DME" handout. How?

At the assessment Will be emailed by: Home Modification Specialist Support Coordinator

Curb-less shower Shower modification Handheld shower head Grab Bars: _____

Hand rails: _____

Wall mount roll-under bathroom sink High-rise / elongated toilet Standard toilet Bidet toilet seat

Modify bathroom sink/vanity to remove obstacle and provide access for activities of daily living.

Toilet Adaptation: to remove obstacle and provide access for activities of daily living.

Modify bathroom closet to remove obstacle and provide access for activities of daily living.

Modify/relocate bathroom wall to remove obstacle and provide access for activities of daily living.

Modify hall closet to remove obstacle and provide access for activities of daily living.

Bathroom Flooring removal/replacement Bedroom Flooring removal/replacement

Widen bathroom door to: _____" Widen bathroom door by installing off-set hinges

Widen bedroom door to: _____" Widen bedroom door by installing off-set hinges

Modify master bedroom closet to remove obstacle and provide access for activities of daily living.

Modify/relocate master bedroom wall to remove obstacle and provide access for activities of daily living.

Modify hall bedroom closet to remove obstacle and provide access for activities of daily living.

Modify/relocate hall bedroom wall to remove obstacle and provide access for activities of daily living.

Entry ramp Platform lift Adaptive stairs Modify threshold Turn landing Auto-door opener

Other modifications:

The member/responsible person acknowledges understanding of the modification warranty period below:

In cases where the Division pays for modifications under the Home Modification service, the workmanship of the modification is warranted for 2 years from the date the project is complete. If the SC is made aware of any concerns/ issues with a home modification provided by the Division within the 2 years after the project completion date, the SC must notify the Home Modification Unit of the concerns/issues. The Home Modification Unit will work with the family and the contractor who completed the work on the modifications to address/correct the issues. If any modification issues are brought to the attention of the Home Modification Unit after the 2 years from the project completion date, the Division will not pay to correct modification issues when the two-year warranty period has expired. In addition, the contractor is not responsible for corrections/repairs when the two-year warranty period has expired. Therefore, correction and payment of modification issues becomes the homeowner's responsibility.

Member's/Responsible Person's Warranty Acknowledgement Signature: _____

Assessor's Name (Print or type): _____

Signature: _____ Date: _____

Member's Name (*Last, First, M.I.*): _____

Project No.: _____

AHCCCS ID No.: _____

Attendees:	Relationship to the member:	Method of participation <i>(e.g., in-person, video conference, telephone):</i>

Use the space below to document discussions and outcomes of the assessment:

Assessor's Name (*Print or type*): _____

Signature: _____ Date: _____