

**WEST VIRGINIA I/DD WAIVER
REQUEST FOR ENVIRONMENTAL ACCESSIBILITY ADAPTATION (EAA)
And/or GOODS AND SERVICES (G&S)
(To be completed by the Service Coordinator)**

Member Name		Date	
Medicaid Number		Type of Residence (✓)	<input type="checkbox"/> Natural Family
SC Agency			<input type="checkbox"/> SFCH
SC Name			<input type="checkbox"/> ISS
SC Phone #			<input type="checkbox"/> Group Home

EAA/G&S Requested for (✓):

- EAA for Home (Must be prior-authorized by ASO)
- EAA for Vehicle (Must be prior-authorized by ASO)
- Goods & Services (Must be prior-authorized by the AwC or FMS)

Brief description of the EAA or G&S Needed (Detailed invoice must be attached)

Total Amount Requested EAA or G&S	\$
EAA and G&S combined cannot exceed \$1,000 per member's 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 or G&S
- The invoice detailing costs and description for the EAA or G&S
- If approved, receipts for the EAA or G&S must accompany this form in the member's clinical record.

Member Signature/Name		Date	
Representative Signature		Date	
Service Coordinator Signature		Date	