

**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 (✓): <input type="checkbox"/> EAA for Home (Must be prior authorized by UMC) Rental Property including written permission? Yes <input type="checkbox"/> or No <input type="checkbox"/> <input type="checkbox"/> 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 <input type="checkbox"/> or No <input type="checkbox"/>			
Was the adaptation to the home completed as specified? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Was the adaptation to the vehicle completed as specified? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>			
Total Amount Requested EAA			\$
EAA Home/Vehicle combined cannot exceed \$1,000 per service year			
Vendor Information			
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 on contractor letterhead must be attached and a copy of the contractor's business license.
- ☐ Receipts for the EAA must accompany this form.

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