**DDS Environmental Modification Checklist**

**September 2010**

**Individual’s name:**Click here to enter text. **DDS#:** Click here to enter text.

**Date of request:** Click here to enter text.

**Environmental modification definition**: Those physical adaptations to the home which are necessary to ensure the health, welfare, and safety of the individual, or which enables the individual to function with greater independence in the home, and without which, the individual would require institutionalization.

**Excluded** are those adaptations or modifications to the home which are of general utility and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. This service is not self directed.

The following items **must** be attached to the PRAT request if requesting new funding or to the prior approval form if funding is available within the existing allocation.

Three written bids that are uniform in nature. Each bid must have the contractor’s license number that is on file with the State of Connecticut Department of Consumer Protection and shall include:

* The full scope of the project
* Description of the project
* Demolition cost
* The materials for the project and cost of the materials
* Fixtures for the project, and cost of the fixtures
* Carpentry work and labor cost
* Plumbing work and labor cost
* Electrical work and labor cost
* Other costs

Photographs of the area that is being modified **before** the proposed work

A copy of the IP.5 and IP.6 from the individual’s current IP. The IP.5 should recognize this environmental modification as a need.

**-- OVER --**

I acknowledge that the proposed adaptations and/or modification(s) are necessary to ensure the

health, welfare and safety or will enable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to function with greater

independence within the home.

I understand that before, during or after the adaptation/modification, a DDS representative may visit

the home to review the adaptation/modification(s).

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Signature of individual or guardian Date

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Signature of DDS Case Manager Date

8/24/2010 - FINAL