



# Health First Colorado Home Modification Evaluation Form

To be completed by a licensed OT/PT or other Department approved Professional

**Directions for completion:** Sections A and K must be filled out for all Home Modification Evaluations. Professionals must then only fill out the corresponding section for which the modification is applicable. Please submit the entire Home Modification Evaluation Form to the designated case management agency upon completion. If a section does not need to be filled out, select N/A prior to submission to the case management agency.

Section A - Member Information

Section B - Primary Egress

Section C - Emergency Egress

Section D - Ceiling Track System

Section E - Interior Steps/Stairs

Section F - Accessible Bathrooms

Section G - Widening Doors

Section H - Flooring

Section I - Behavioral Needs Assessment

Section J - Other

Section K - Signature Page

Appendix A

The Home Modification Look Book is available at [hcpf.colorado.gov/home-modification-benefit](http://hcpf.colorado.gov/home-modification-benefit) under Home Modification Training, Look Book, and Specifications.

The Home Modification Look Book is designed to provide basic information about the most common types of home modifications for people with disabilities and can be a valuable tool when completing the Home Modification Professional Recommendation.



## Section A: Member Information

Date:	Time In:	Time Out:
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Member Information		
Name:	State ID / SSN:	Date of Birth:
Height:	Weight:	
Address:		
Phone:		Alternate Phone:
This Evaluation is:	<input type="checkbox"/> A New Evaluation <input type="checkbox"/> An Addendum to a Previous Evaluation	
	Date of initial evaluation (if applicable):	

1. Is this modification necessary to ensure the health, welfare, and safety of the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
2. Will this modification enable the member to function with greater independence in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
3. Will this modification prevent institutionalization or support deinstitutionalization of the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

Member Name: \_\_\_\_\_



4. Is this modification required because of the member's illness, impairment, or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
5. Will this modification lead to a decrease in waiver services on a long-term basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
6. Has the member fallen in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
7. Has the member been hospitalized in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
8. If the member has previously had a home modification completed using HCBS waiver funding, have the member's needs changed since the initial home modification was completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, please explain:	

Member Name: \_\_\_\_\_



Please provide a general statement of the member's diagnoses and comorbidities that impact function and safety:

**Use of Assistive Devices**

Does the member use any mobility devices?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	<input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Electric Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Other: _____	
Describe the extent of use for each assistive device used:		

Member Name: \_\_\_\_\_



**Section B: Primary Egress**  N/A

1. What is the current setup and mode to enter/exit home?	
2. Does the member need an accessible <b>primary</b> entrance/exit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where:	<input type="checkbox"/> FRONT <input type="checkbox"/> SIDE <input type="checkbox"/> REAR <input type="checkbox"/> GARAGE <input type="checkbox"/> Other location:
3. What modification would be most appropriate to make the primary egress more accessible? <input type="checkbox"/> Ramp <input type="checkbox"/> EZ Steps <input type="checkbox"/> Vertical Platform Lift <input type="checkbox"/> Other: _____	
Explain why this is the most appropriate modification (include repair of any existing ramp, EZ steps, VPL, etc):	
<b>3a. Ramp only:</b> As much as possible, please describe the design of the ramp including, but not necessarily limited to: where does the ramp need to start and end, what is the rise of the ramp, is there an existing porch/deck/landing (ex. wood ramp should come off of existing 5 x 10 porch, go down 5 feet then switch back 10 feet towards the existing driveway).	

Member Name: \_\_\_\_\_



**3b. EZ Steps only:** How tall, deep and wide do the steps need to be for this member? (for example, 3 concrete steps that are 5 inches tall, 12 inches deep, and 3 feet wide)

4. Does the member need a railing for ramp, steps, porch, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain where the railing needs to be installed and why:

**\*\* Provide pictures/drawing in Appendix A for primary egress- what view front/looking out/birds eye.**

5. Is the <b>door and/or threshold</b> for this entrance/exit accessible for the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5a. If no, does the door and/or threshold need to be modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5b. If yes to 4a, please provide more detail surrounding the necessary modifications:

5c. Is there an <b>existing</b> storm door?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6. If it appears that there <b>will not be enough room for a ramp</b> , can a Vertical Platform Lift (VPL), Stair Glide or Wheelchair Incline Lift be installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
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5a. Are there adequate mount and dismount areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please provide any additional justification that was not already addressed above:

Member Name: \_\_\_\_\_



7. Is there an accessible route to/from the ramp, EZ steps or VPL/Lift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what accessible route is needed?	

**Section C: Emergency Egress**  N/A

1. What is the current setup and mode to enter/exit home?	
2. Does the member need to modify an existing second exit or egress?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where:	<input type="checkbox"/> FRONT <input type="checkbox"/> SIDE <input type="checkbox"/> REAR <input type="checkbox"/> GARAGE <input type="checkbox"/> Other location:
3. Is the existing door/threshold for this emergency egress accessible for the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there an existing storm door?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What modification would be most appropriate to make the emergency egress accessible? (Ramp, EZ Steps, VPL or other) Please explain and provide details, dimensions, pictures, drawings, etc.	

Member Name: \_\_\_\_\_



6. Does the member need a railing for steps, porch, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain where the railing needs to be installed and why:	
7. Is there an accessible route to/from the ramp, EZ steps, VPL, etc., that will allow the member to exit to a safe distance <b>away from the home</b> in case of an emergency? If not, what accessible route is needed?	

**Section D: Ceiling Track**  N/A

1. What is the current setup and mode to ambulate throughout the home?	
2. Is the ceiling track necessary for the sole purpose of transferring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If yes, can a portable unit be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Please identify any special features required to make the ceiling track accessible (Does lift need to be lowered all the way to the floor, sling type, etc.):	

Member Name: \_\_\_\_\_



4. How many straight and/or curved ceiling tracks are needed, where do they need to be installed, and why?	
5. Is there room for the member to mount and dismount at the beginning and end?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain what is needed to mount and dismount:	
Please describe how member will transfer out of ceiling track:	
6. Are grab bars/railings needed to assist with transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the location and why:	

**Section E: Interior Steps/Stairs**  N/A

1. What is the current method of going up and down steps and stairs?	
2. Is the member able to ambulate safely between multiple levels of the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	

**Considerations for Stair Glide**

3. What size and features are needed for the seat? <input type="checkbox"/> Standard   or <input type="checkbox"/> Bariatric <input type="checkbox"/> Seat Belt <input type="checkbox"/> Adjustable Seat <input type="checkbox"/> Swivel Seat <input type="checkbox"/> Flip up arms <input type="checkbox"/> Other: _____
--

Member Name: \_\_\_\_\_



If special features are needed, please explain:	
4. How many straight and/or curved stair glides are needed, where do they need to be installed and why?	
5. Is there room for the member to mount and dismount at the top and bottom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain what is needed to mount and dismount:	
Please describe how member will transfer out of the stair glide:	
6. Are grab bars/railings needed to assist with transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the member need an additional or new railing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
8. Where are the stairs located? Please provide justification as to why access is needed to this location:	

Member Name: \_\_\_\_\_



**Section F: Accessible Bathroom**  N/A

Please include any additional drawings/photographs in Appendix A

**Bath**

1. What is the current set up and method for bathing?	
2. Indicate which bathroom needs to be modified (Note: only one bathroom can be modified):	
3. Does the member need an accessible shower?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type? <input type="checkbox"/> Roll-in <input type="checkbox"/> Walk-in	
If a larger shower is needed, please explain why and provide dimensions:	
3a. Roll-In Shower: Is a collapsible water barrier or dam needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roll-In Shower: What type of entry is needed? <input type="checkbox"/> Ramped entry <input type="checkbox"/> Zero entry	
3b. Walk-In Shower: What is the maximum height of the walk-in shower pan threshold?	
4. Will the current shower/bathtub need to be removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will other bathroom items/fixtures need to be removed/relocated and why (flooring, window, closet, shower faucet, etc.)?	
6. Are grab bars needed in/surrounding the bathing area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please identify how many, the location and size of grab bars needed:	
7. Is a shower bench/chair required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, can a portable shower chair be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name: \_\_\_\_\_



If no, please explain why a portable shower chair is not appropriate for the member and specify whether a wall mounted seat or built-in seat if needed. Please provide dimensions of the seat/bench:

**\*\* All accessible showers come standard with a single lever anti-scald faucet, a permanently attached curtain rod & weighted curtain, standard length shower hose, wall mounted soap dish and wall mounted shelf.**

8. If additional/different accessories are required, please provide justification:

**Toilet**

1. What is the current setup and toileting method?	
2. Does the member need a comfort height toilet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What height does the toilet need to be?	
3. Will the current toilet need to be relocated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why and where?	
4. Does DME or other specialized toileting accessories need to be installed for toilet use (mounted fold down bars, toilet frame, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain?	

**Sink and Vanity**

1. What is the current setup and method for grooming?
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Member Name: \_\_\_\_\_



2. Does the member need an accessible bathroom sink/vanity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain why:	
3. Will the current sink/vanity need to be relocated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why and where?	
4. What type of faucet is needed? <input type="checkbox"/> Single Lever <input type="checkbox"/> Dual Lever <input type="checkbox"/> Motion Activated	
If motion activated, please explain why this type is needed:	
5. What type of sink is needed by the member? <input type="checkbox"/> Wall hung <input type="checkbox"/> W/C accessible sink/counter <input type="checkbox"/> Tall Sink/Vanity	
Please provide additional information surrounding clearance requirements: height from floor, depth and width of sink/counter.	

**Walk-In Tub**

1. What is the current setup and method for bathing?	
2. Does the member need a walk-in tub?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of walk-in tub is needed? <input type="checkbox"/> Soaker <input type="checkbox"/> Laying Down	
Are jets needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why are jets needed?	

Member Name: \_\_\_\_\_



3. Would using a hydraulic bath seat and/or a tub cut be a viable alternative to a walk-in tub?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain why:	
4. What is the minimum width of the door of the walk-in tub?	
5. What is the maximum height of the threshold of the walk-in tub door?	
6. Is a bariatric tub needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the minimum seat size the member can use?	
7. Can the member reach the tub faucets from a seated position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Will the member be able to close the tub door once inside the tub?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Will the member need to transfer from a wheelchair into the walk-in tub?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain how they will accomplish the transfer and be able to open/close the tub door:	
8.Are there any contradictions that would impact the member’s health when using a walk-in tub?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

**For walk in tubs only:** Please have the member initial next to the following statements to acknowledge understanding.

I understand that I will need to sit and wait for the tub to fill and drain	
Medicaid funding cannot be used to replace/repair/upgrade the water heater	

Member Name: \_\_\_\_\_



### Section G: Widening Doors N/A

**Door widening:** For each door that needs to be widened, please provide following information:

Location of door	NEW clear width of door*	Threshold Considerations	Door handle considerations	Reason for widening this door

\*If it is later determined that the door(s) cannot be widened due to construction restraints, clear swing hinges can be considered.

### Section H: Flooring N/A

What is the current condition of the flooring and how does it impact safety and mobility?

Location	Existing flooring material*	Quantity, if known	Reason for new flooring as it relates to the member's disability

Member Name: \_\_\_\_\_



Location	Existing flooring material*	Quantity, if known	Reason for new flooring as it relates to the member's disability

\*All new flooring will be the most cost-effective type to meet the member's need.

**Section I: Behavioral Needs Assessment**     N/A

Please identify home modifications that are needed to address a behavior.

<p>1. What is the behavior being exhibited? (For example, elopement, self-injurious behaviors, etc.)</p>
<p>2. What interventions have been tried?</p>
<p>3. What modification is being recommended to address this behavior? Please include information explaining why the modification is needed and what considerations need to be in place (dimensions, weight/height considerations, etc.)</p>
<p>4. Where is this modification needed?</p>
<p>5. How will this modification address/curtail this behavior?</p>

Member Name: \_\_\_\_\_



**Section J: Other**     N/A

Please identify any additional home modifications that have not been already addressed in this evaluation. Please make sure to include information surrounding why the modification is needed and what considerations need to be in place, such as dimensions, height/weight considerations, etc.:

<p>1. What is the accessibility need that is being addressed?</p>
<p>2. Why is the recommended modification needed?</p>
<p>3. What is the recommended modification and where is it located? Please include dimensions, height/weight considerations, pictures, drawings, etc.</p>

Member Name: \_\_\_\_\_



## Section K: Signature Page

In order of necessity, please briefly list the proposed modifications to the home.
1.
2.
3.
4.
5.
6.
7.

**Contact Information:**

Provider Name (printed)	
Provider Agency Name	
Provider Phone #	
Provider Email	
Case Manager Name <i>(printed)</i>	
Case Management Agency Name	
Case Manager Phone #	
Case Manager Email	

Please review this evaluation with the member and ensure that the member understands that this evaluation does not guarantee approval and completion of the requested home modification. All home modifications anticipated to exceed \$2500 must be reviewed and approved by the Department of Local Affairs, Division of Housing.

OT/PT/Therapist Signature	Date:
Member/Guardian Signature	Date:

Member Name: \_\_\_\_\_



## Appendix A

This page has been intentionally left blank to allow space for any applicable drawings or photographs of spaces to be modified.

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Member Name: \_\_\_\_\_