



OT/PT Home Modification Evaluation Form

DATE: _____

Client Name: _____

Client ID: _____ Does client own home? YES NO

Address: _____

City County Zip

Client Phone: _____ Alt Phone: _____

Please indicate appropriate type of evaluation:

_____ New Evaluation

_____ Addendum to a previous Evaluation

Date of previous Evaluation, if known _____

The Home Modification benefit provides eligible clients with modifications to their residences to support community living.

- Will client no longer be able to live in the community without the proposed modification(s).
- Please evaluate the client’s needs without incorporating funding limitations.
- Include photos and/or drawings of the areas to be modified.

Please describe the client’s physical and functional limitations, including, fall risk, reaching and bending limits, visual and hearing limitations, etc. _____

Does client have bariatric considerations? YES NO Height of Client _____

Does the client use a wheelchair? YES NO If yes, frequency of use: _____
 (for example, client uses chair only when outside the home)

Is wheelchair electric or manual? _____

Does the client use a walker OR other assistive device? YES NO
 If yes, please describe device and frequency of use: _____

PLEASE see the following sections for the appropriate home modification. Only complete relevant sections.

SECTION A – Primary Egress (ramp, exterior steps, VPL, exterior stair glide)	Pages 2-3
SECTION B – Emergency Egress (emergency ramp, exterior emergency steps)	Pages 3-4
SECTION C – Existing Interior Steps	Pages 4-5
SECTION D – Accessible Bathroom Modifications (showers, toilets, sinks, walk-in tubs)	Pages 5,6 & 7
SECTION E – Widening Doors	Page 8
SECTION F – Flooring	Page 8
SECTION G – Installation of DME	Page 8
SECTION H – Other Modifications for Accessibility	Page 8

Client Name: _____

SECTION A. Primary Egress (emergency egress is addressed on page 3 of this form)

Does the client need an accessible **primary** entrance/exit? YES NO

If yes, where: FRONT SIDE REAR GARAGE Other location: _____

Is the door and/or threshold for this entrance/exit accessible for the client? YES NO

If NO, please describe why and how to correct: _____

(for example, door is too narrow for client's wheelchair, needs to be at least 34" wide, threshold is too high for wheelchair OR client shuffles her feet, cannot step over the existing threshold, needs to be no higher than 1")

Is there an existing storm door? YES NO

If the client needs a ramp, please explain why? _____

(For example, client uses a wheelchair)

Does the client have a material preference for the ramp? (see pgs 8,9,10 of 2017 Look Book for examples)

Please indicate preference: WOOD with vertical spindles WOOD with horizontal railing
 CONCRETE with vertical spindles CONCRETE with horizontal railing All METAL ramp

Is there an existing porch/deck/landing that can be used? YES NO NOT SURE

Please describe and include size, if known: _____

(For example, the existing wood porch is approx. 5 x 10 and appears to be in good condition)

What is the rise of the ramp, if known? (see page 5 of 2017 Look Book): _____

Please note that, unless otherwise approved by Medicaid, all ramps will have a 1:12 slope and constructed to meet all required codes/specifications. For example, a 10 inch rise will require a 10 foot long ramp.

As much as possible, please describe design of ramp, include where the ramp needs to start and end: (For example, ramp should come off of existing porch, go down 5 feet then switch back 10 feet towards the existing driveway. A small bush will need to be removed) _____

If possible, please provide a drawing here of the proposed ramp. Drawing does not need to be to scale only representative of what is needed.

Client Name: _____

If it appears that there will not be enough room for a ramp, can a Vertical Platform Lift (VPL) or Stair Glide be installed? (see pgs 34, 35 of 2017 Look Book) YES NO NOT SURE

EXISTING Exterior Steps Will existing steps need to be replaced in order to install a ramp, VPL or stair glide?

Location of steps and how many? _____

Steps/Stairs at PRIMARY EXTERIOR entrance/exist – does the client need steps/stairs replaced or modified for accessibility purposes? If yes, explain why: _____

What material, how many steps and how tall, deep and wide do the steps need to be for this client? _____

(for example, 3 concrete steps that are 5 inches tall, 12 inches deep and 3 feet wide, with metal railing)

SECTION B. Emergency Egress (if applicable, complete this section)

Does the client need an accessible emergency egress? YES NO

If yes, where? FRONT SIDE REAR GARAGE Other Location: _____

Only an existing door or window can be modified. Emergency egress must lead away from the home

Will an existing window be converted into a door? YES NO NOT APPLICABLE

If yes, describe type and width of new door: _____

Is the existing door/threshold for this emergency egress accessible for the client? YES NO

If NO, please describe why and how to correct? _____

(for example, door is too narrow for client's wheelchair, needs to be at least 34" wide, threshold is too high for wheelchair OR client shuffles her feet, cannot step over the existing threshold, needs to be no higher than 1")

Is there an existing storm door? YES NO

Does the client need a ramp for this emergency egress? If yes, explain why? _____

Does the client have a material preference for the ramp? (see pgs 8,9,10 of 2017 Look Book for examples)

Please indicate preference: WOOD with vertical spindles WOOD with horizontal railing

 CONCRETE with vertical spindles CONCRETE with horizontal railing All METAL ramp

Is there an existing porch/deck/landing that can be used? YES NO NOT SURE

Please describe and include size, if known: _____

(For example, the existing wood porch is approx. 5 x 10 and appears to be in good condition)

What is the rise of the ramp, if known? (see pg 5 of the 2017 Look Book): _____

Please note that, unless otherwise approved by Medicaid, all ramps will have a 1:12 slope and constructed to meet all required codes/specifications. For example, a 10 inch rise will require a 10 foot long ramp.

Client Name: _____

As much as possible, please describe design of ramp, include where the ramp needs to start and end: (For example, ramp should come off of existing porch, go down 5 feet then switch back 10 feet towards the existing driveway. A small bush will need to be removed) _____

If possible, please provide a drawing here of the proposed ramp. Drawing does not need to be to scale only representative of what is needed.

EXISTING Exterior Steps Will existing steps need to be replaced in order to install a ramp? Location of steps and how many? _____

Steps/Stairs at the EMERGENCY EXTERIOR entrance/exist – does the client need steps/stairs replaced or modified for accessibility purposes? If yes, explain why: _____

What material, how many steps and how tall, deep and wide do the steps need to be for this client? _____

(for example, 3 concrete steps that are 5 inches tall, 12 inches deep and 3 feet wide, with metal railing)

Vertical Platform Lifts or Stair Glides may not be installed for emergency egress due to possible power outages

SECTION C. Interior Steps/Stairs – does the client need an accessible way to maneuver between floors of the home? If yes, explain why? (for example, due to client’s mobility limitations, client needs to safely access his bedroom/bathroom on the second floor of the home) _____

Considerations for Interior Stair Glide

How many stair glides are needed? _____ And where do they need to be installed?(for example, 1 stair glide from main level to basement, left side looking up) _____

What size does the seat need to be for the client? STANDARD BARIACTRIC

What seat features are needed? SEAT BELT ADJUSTABLE SEAT SWIVEL SEAT FLIP UP ARMS

Is there room for the client to transfer on and off the stair glide seat? _____

Client Name: _____

Considerations for Railing for Existing Interior Steps

Does the client need additional or new railing? If yes, please explain (for example, install new railing to match existing on right side of stair case looking up from main floor to 2nd floor) _____

Elevators are an eligible cost but will need to be reviewed by the contractor and State on a case-by-case basis due to complexity of installation. Please indicate if client would benefit more from an elevator and why: _____

SECTION D: Accessible Bathroom Modifications: Only (1) bathroom can be modified. If second bathroom modification is needed, what is the reason: _____

Accessible Showers – Does the client need an accessible shower? YES NO

If yes, explain why: _____

Considerations for accessible showers – Please note that some water can still get on the bathroom floor.

Will an existing tub/shower need to be removed in order to install the accessible shower? YES NO

If yes, what type of accessible shower is needed? ROLL IN (client rolls into shower with a wheeled device)
WALK IN (client has to step over threshold of shower)

If a roll-in is shower needed, does the client want a collapsible water barrier? YES NO

If a walk-in is shower needed, what is the maximum threshold height? _____

Does the client have a material preference for the shower pan? TILE Pre Fabricated Pan

For the shower walls? TILE FRP CULTURED MARBLE

All showers come standard with a single lever anti-scald faucet, a permanently attached curtain rod & weighted curtain [REDACTED] [REDACTED] [REDACTED] standard length shower hose, wall mounted soap dish and wall mounted shelf, unless refused by the client. If applicable, the client does not want the following items: _____

Does the client need grab bars **IN** the shower? If so, how many, what size and where do they need to be installed within the shower? _____

Is a wall mounted shower seat needed? YES NO If yes, describe the type of seat needed for the client and where to install: _____

(for example, client needs fold down seat with back, flip up arms, legs, and padded seat with drain holes for 450 lbs and min seat width 20 inches, installed on long wall of shower, 20 inches from faucet control, seat height 17 inches).

Client Name: _____

Toilets - Does the client need a comfort height toilet (ADA toilet)? If yes, why and **which bathroom**: _____

Please note that toilet frames and grab bars are DME. Case manager will need to order.

Will toilet need to be relocated? YES NO

If yes, why: _____

Will the contractor need to install DME (grab bars, toilet frame) for toilet use? YES NO

If yes, please explain: _____

Bathroom Sink – Does the client need an accessible bathroom sink/vanity? YES NO

If yes, why: _____

For example, client needs to roll under sink with W/C or client cannot bend and needs a taller sink

Will sink/vanity need to be relocated? YES NO

If yes, why: _____

What type of faucet is needed? SINGLE LEVER DUAL LEVER MOTION ACTIVATED

If motion activated, why: _____

SEE pgs 23-26 of the 2017 Look Book for Accessible Sink Examples

What type of sink is needed by the client: PEDESTAL (a pedestal sink can impede wheelchair access)

WALL HUNG with pipe protection

W/C Accessible SINK/COUNTER with pipe protection

TALL SINK/VANITY

If wall hung, at what height should it be installed? _____

(For example, bottom of sink needs to be 28" from floor)

If W/C accessible sink/counter is needed, what are the clearance requirements for the wheelchair? _____

(for example, under counter sink area needs to be 30" wide, 28" high and 21" deep)

If tall vanity is needed, what is the required height? _____

Due to sink modifications, will client need storage cabinets replaced? If yes, explain: _____

Please provide a drawing of the floorplan of the current bathroom and a floorplan drawing of the proposed bathroom.

Client Name: _____

SECTION E: Widening Doors- For each door that needs to be widen, provide location, new width, type of door handle, type of door, if switch/outlet needs to be moved and reason for door widening. See example. Refer to pages 31-33 in the 2017 Look Book.

Location	New Width and/or Clear Swing Hinges	Handle Type Door Type	Move Outlet or Switch (Yes or No)	Reason
<i>Client's bedroom</i>	<i>34 inches</i>	<i>Pull handle Barn Door</i>	<i>Yes</i>	<i>Client's W/C does not fit thru door</i>

SECTION F: Flooring – Please indicate if new floor covering is needed, where, how much, type and reason. See example. Refer to page 37 in the 2107 Look Book

Location	How Much	Flooring Type	Move Furniture	Reason
<i>Client's bathroom</i>	<i>Approx. 5 x 5</i>	<i>Slip resistant tile</i>	<i>Not necessary</i>	<i>Due to remodeling of bathroom</i>

SECTION G – Grab Bars must be purchased through DME but can be installed. Please explain if grab bars, not already noted in this evaluation, need to be installed and where. Please include reason for modification:

SECTION H – Describe in detail any other modifications needed for accessibility not already noted in this evaluation. Please include reason for modification:

Client Name: _____

IN ORDER OF NECESSITY, please briefly list the proposed modifications to the home. Add more lines if needed.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Please document any of the client's requests, concerns or disagreements not mentioned above:

Please review this evaluation with the client and make sure the client understands that it is not the final decision of what will happen in their home. Home mod requests must be approved by the State.

OT/PT Signature

Date

Client Signature

Date

Please provide contact information so providers can contact you with questions about this evaluation.

OT/PT Name (Print)

OT/PT Phone

Agency Name

OT/PT Email

Case Manager

Ph/Email

Case Management Agency