

Environmental Accessibility Adaptation (EAA) Form

Name of Participant:		Region #:	
DOB:		Address:	
Responsible Representative:			
Support Coordination Agency:			
Support Coordinator:		SCA Phone #:	

The following has been approved and Prior Authorization(s) (PAs) can be released for payment:

I. <input type="checkbox"/> EAA Basic Assessment (S5165 U5)	Amount Authorized: \$600.00
Date of Assessment: _____ EAA Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EAA Assessor: _____ Phone #: _____	
II. <input type="checkbox"/> EAA Complex Assessment (S5165 TS)	Amount Authorized: \$150.00
Date of Final Inspection: _____ EAA Passed EAA Assessor Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No	
III. <input type="checkbox"/> EAA Complex Assessment – 2 or more visits (S5165 TS U9)	Amount Authorized: \$250.00
Date of Repeat Final Inspection: _____ EAA Passed EAA Assessor Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No	
IV. <input type="checkbox"/> EAA Provider (Contractor)	
EAA Job Type: <input type="checkbox"/> S5165 U1 Ramp <input type="checkbox"/> S5165 U2 Lift <input type="checkbox"/> S5165 U3 Bathroom <input type="checkbox"/> S5165 U4 Other	
Name of EAA Provider: _____ Phone #: _____	
Amount Authorized for EAA Job: \$ _____ (Amount should be verified by EAA Assessor)	
Did the EAA Assessor verify the EAA Job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , date verified: _____	

Signature of Support Coordinator: _____

SC Supervisor Signature: _____