

**WEST VIRGINIA I/DD WAIVER  
REQUEST FOR ENVIRONMENTAL ACCESSIBILITY ADAPTATION (EAA)  
and/or GOODS AND SERVICES (G&S)  
(To be completed by the Case Manager)**

<b>Name of Person Who Receives Services</b>		<b>Date</b>	
<b>Medicaid Number</b>		<b>Type of Residence (✓)</b>	<input type="checkbox"/> Natural Family
<b>CM Agency</b>			<input type="checkbox"/> SFCH
<b>CM Name</b>			<input type="checkbox"/> Unlicensed Res.
<b>CM Phone #</b>			<input type="checkbox"/> Group Home

**EAA/G&S Requested for (✓):**

- EAA for Home (Must be prior-authorized by UMC)  
Rental Property? Yes  or No
- EAA for Vehicle (Must be prior-authorized by UMC)  
Who owns the vehicle? \_\_\_\_\_ How many vehicles does the family own? \_\_\_\_  
Is the request for the primary vehicle utilized for transport of the person who receives services? Yes  or No
- Goods & Services (Must be prior-authorized by the UMC or Personal Options Vendor)

**Brief description of the EAA or G&S Needed (Invoice including itemization of materials and services on contractor letterhead must be attached):**

<b>Total Amount Requested EAA or G&amp;S</b>	<b>\$</b>
<b>EAA and G&amp;S combined cannot exceed \$1,000 per service year</b>	

<b>Vendor Information</b>	
Vendor Name:	
Vendor Address:	
Vendor Phone #:	
Vendor Qualifications:	

**A copy of the following documentation must be attached for processing and determination:**

- IPP recommendations detailing need for this EAA or G&S
- The invoice detailing costs and description for the EAA or G&S
- If approved, receipts for the EAA or G&S must accompany this form and be attached to the clinical record on UMC's web portal.

<b>Signature/Name of Person Who Receives Services</b>		<b>Date</b>	
<b>Representative Signature</b>		<b>Date</b>	
<b>Case Manager Signature</b>		<b>Date</b>	