



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.

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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.

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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) \_\_\_\_\_

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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? \_\_\_\_\_

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

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

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(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) \_\_\_\_\_

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**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) \_\_\_\_\_

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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? \_\_\_\_\_

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**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 2<sup>nd</sup> 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, 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).

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

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**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? \_\_\_\_\_

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(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: \_\_\_\_\_

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



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**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:

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

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**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