



OT/PT HOME MODIFICATION EVALUATION

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_
Client ID: \_\_\_\_\_ Address: \_\_\_\_\_
D.O.B.: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
[ ] New Evaluation for Home Modification
[ ] Evaluation for Repair or Maintenance
[ ] Addendum to Previously Submitted Evaluation
Date of Previous Evaluation: \_\_\_\_\_
Owns Home: [ ] Yes [ ] No

Diagnosis: \_\_\_\_\_

The Home modification benefit provides eligible clients with modifications to their residences to support community living. Please consider the likelihood that clients will no longer be able to live in the community without the proposed modification(s). Please evaluate the client's needs without incorporating funding limitations, and include photographs or diagrams for each modification.

Please describe the client's physical and functional limitations, including fall risk, reaching and bending limits, and mobility impairments:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Please describe any assistive devices the client uses. Assistive devices are not required for a home modification.

Wheelchair Type: \_\_\_\_\_ Occupied: Width \_\_\_\_\_ Height \_\_\_\_\_
Length \_\_\_\_\_ Height from Ground to Arms: \_\_\_\_\_ Height from Ground to Knees: \_\_\_\_\_
Length to end of limb (for reclined chairs, stump support boards, etc): \_\_\_\_\_
Walker Type: \_\_\_\_\_ Width: \_\_\_\_\_
Other: \_\_\_\_\_

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**Please briefly describe the proposed modifications to the home IN ORDER OF NECESSITY. Add more lines if needed.**

**1: (most necessary for client to remain in home)** \_\_\_\_\_

**2:** \_\_\_\_\_

**3:** \_\_\_\_\_

**4:** \_\_\_\_\_

**5:** \_\_\_\_\_

**6:** \_\_\_\_\_

**7:** \_\_\_\_\_

**RECOMMENDED MODIFICATIONS**

<b>WHAT</b>	<b>WHERE</b>	<b>HOW/DESCRIPTION</b>
		<p>Include specific information for the contractor, describe current condition of home, and attach photographs or diagrams. Please also describe client's ability to use proposed modifications unaided or with assistance.</p> <p>For justification, please describe how this modification is necessary to ensure the health, welfare, and safety of the client based on the client's medical condition, enables the client to function with greater independence in the home, and decreases need for other services such as personal care or homemaker services. Explain why an equivalent alternative would not accomplish the same purpose (i.e.: roll-in shower vs. walk-in tub).</p>

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<p><b>RAMP</b></p> <p>Client preference is for:</p> <p><input type="checkbox"/> Wood</p> <p><input type="checkbox"/> Metal</p> <p><input type="checkbox"/> Concrete</p> <p><input type="checkbox"/> Portable</p>	<p><b>ENTRANCE</b></p> <p><input type="checkbox"/> Front Entrance</p> <p><input type="checkbox"/> Rear Entrance</p> <p><input type="checkbox"/> Other Entrance: _____</p>	<p>All ramps to have 1:12 slope unless otherwise noted/approved and be constructed/installed to code.</p> <p>Description of ramp: <i>(for example) Client needs a switchback ramp with (1) 5' x 5' top landing, (1) 5 x 8 intermediate landing and (1) 5 x 5 bottom landing with (1) 12' ramp run and (1) 10' ramp run.</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Justification, other considerations:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>ADA TOILET</b></p>	<p><b>BATHROOM</b></p>	<p>Remove existing toilet and dispose of properly.</p> <p>Include the following:</p> <p><input type="checkbox"/> Toilet Frame   <input type="checkbox"/> Flip Up Grab Bar</p> <p><input type="checkbox"/> Wall to Floor Grab bar</p> <p>Toilet grab bars: Number _____ Sizes _____</p> <p>Justification, other considerations:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>ACCESSIBLE SINK</b></p> <p><input type="checkbox"/> Pedestal</p> <p><input type="checkbox"/> Wall Hung</p> <p><input type="checkbox"/> W/C Accessible Vanity with pipe protection</p>	<p><b>BATHROOM</b></p>	<p>Remove existing sink/vanity and dispose of properly. Repair wall to match.</p> <p>Type of faucets: <input type="checkbox"/> single lever   <input type="checkbox"/> dual lever</p> <p><input type="checkbox"/> motion activated</p> <p>Justification, other considerations:</p> <p>_____</p> <p>_____</p> <p>_____</p>

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<p><b>SHOWER</b></p> <p><input type="checkbox"/> Walk In Shower</p> <p><input type="checkbox"/> Roll In Shower</p> <p>Client prefers:</p> <p>Base:</p> <p><input type="checkbox"/> Tile</p> <p><input type="checkbox"/> Fiberglass</p> <p>Walls:</p> <p><input type="checkbox"/> Tile</p> <p><input type="checkbox"/> Fiberglass</p> <p><input type="checkbox"/> Right Hand Drain</p> <p><input type="checkbox"/> Left Hand Drain</p>	<p><b>BATHROOM</b></p>	<p>Remove/demo existing tub/shower and dispose of properly. Provide plumbing necessary for new shower. Install/provide the following:</p> <p>Location and type of shower faucet assembly: _____</p> <p>Location and size of shower grab bars: _____</p> <p><input type="checkbox"/> Textured   <input type="checkbox"/> Non-textured</p> <p>Location/Type of shower seat: _____</p> <p>Accessories:   <input type="checkbox"/> curtain rod   <input type="checkbox"/> shower doors  <input type="checkbox"/> corner shelf   <input type="checkbox"/> wall shelf   <input type="checkbox"/> soap dish  <input type="checkbox"/> other: _____</p> <p>Justification, other considerations: _____ _____ _____</p>
<p><b>WALK IN TUB</b></p> <p><input type="checkbox"/> Soaker</p> <p><input type="checkbox"/> Jetted</p>	<p><b>BATHROOM</b></p>	<p>Remove existing tub/shower and dispose of properly. Provide all necessary plumbing. Justification, other considerations: _____ _____ _____</p>



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<b>FLOORING</b>	<i>Example: Hallway outside bathroom</i> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Current flooring: _____  Proposed flooring: _____  Justification, other considerations: <hr/> <hr/> <hr/> <hr/>
<b>KITCHEN</b>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Justification, other considerations: <hr/> <hr/> <hr/> <hr/>
<b>OTHER</b>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Justification, other considerations: <hr/> <hr/> <hr/> <hr/>

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

Name of Therapist: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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**Please review this document with the client and make sure the client understands that it is not the final decision of what will happen in their home.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_