



State of Illinois
 Department of Human Services - Division of Developmental Disabilities
**ADAPTIVE EQUIPMENT/ASSISTIVE TECHNOLOGY/REMOTE SUPPORT/HOME & VEHICLE
 MODIFICATION REQUEST COVER SHEET**

This cover sheet is to be completed and submitted to the applicable ISC Agent along with required supporting documentation for all adaptive equipment, assistive technology, remote support and minor home and vehicle modification requests. Refer to the Provider Waiver Manual and the CILA User Guide for additional information regarding required documentation and reimbursement information. Please fill out this form on-line or type.

Community Agency Information

Agency Name of CILA/POS/HBS making the request

Name of ISC agency serving this person

Mailing address of CILA/POS/HBS agency

Mailing address of ISC agency

City, State, Zip Code of CILA/POS/HBS agency

City, State, Zip Code of ISC agency

Name of contact person at CILA/POS/HBS agency

Name of contact person at ISC agency

Title of contact person (e.g. SDA, QIDP, etc.)

Title of ISC agency contact person

Phone Number (Include Area Code) Extension

Phone Number (Include Area Code) Extension

Signature of CILA/POS Contact Person

Signature of ISC Agency Contact Person

Date: _____

Date: _____

Name of individual for whom the request is being made

Individual's Social Security Number

Home Address (street address required for home modifications)

Individual's Recipient I.D. Number (RIN)

City, State, Zip Code

Phone Number (Include Area Code) Extension

This person is DHS-funded in:

- Waiver Residential Services - Program Code: _____
- Adult Home-Based Support Services (HBS)
- Children's Home-Based Support Services (HBS)
- Waiver Day Program



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Identify each item of equipment and modification separately with its itemized cost, e.g., widen doors (53H); roll-in shower (53H); toilet accessibility (53H); van lift (53V); or item of adaptive equipment (53E) or assistive technology (53T). Remote Support: specify 53E for any initial purchase and installation costs. Specify 53T for all ongoing remote support monitoring and service charges.

Equipment Item/Modification Project	Low Bid Cost	Program Code	Vendor/Contractor
_____	\$ _____	53H 53V 53E 53T	_____
_____	\$ _____	53H 53V 53E 53T	_____
_____	\$ _____	53H 53V 53E 53T	_____
_____	\$ _____	53H 53V 53E 53T	_____
_____	\$ _____	53H 53V 53E 53T	_____

(Continue on another page as necessary.)

Required Attachments: Incomplete requests will be returned to submitting agency.

	Included	Not Applicable
Pages 1 and 2 of this Cover Sheet, <u>and</u>	<input type="checkbox"/>	Required
A detailed description of why each item/project listed above is necessary, <u>and</u>	<input type="checkbox"/>	Required
Two estimates for the cost of each item/project listed above, <u>and</u>	<input type="checkbox"/>	Required
Medicaid Waiver enrollment packet for every SELECTED vendor/contractor.	<input type="checkbox"/>	Required if not enrolled in the individual's waiver

NOTE: Each vendor/contractor must either be currently, or must become, an enrolled provider in the appropriate DD waiver to be eligible for reimbursement from DHS. Please refer to the Provider Waiver Manual for vendor and contractor enrollment forms and instructions.

	Included	Not Applicable
For Adaptive Equipment/ Assistive Technology:		
Written denial from HFS (for communication devices, wheelchairs, other State Plan covered items), <u>and</u>	<input type="checkbox"/>	<input type="checkbox"/>
Physician's Order or Therapist Assessment, if requested by DHS	<input type="checkbox"/>	<input type="checkbox"/>
For Home Modifications:		
Proof of home ownership, if request is over \$5,000 <u>and</u>	<input type="checkbox"/>	<input type="checkbox"/>
Permission from landlord, if home is rented/leased, <u>and</u>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Department Citation/requirement (for CILA, if request is related to fire safety)	<input type="checkbox"/>	<input type="checkbox"/>
For Remote Support:		
Itemized Bid, <u>and</u>	<input type="checkbox"/>	<input type="checkbox"/>
Permission from landlord, if home is rented/leased	<input type="checkbox"/>	<input type="checkbox"/>