



Children's Waiver- FMS  
 Environmental/Vehicle Modification and Assistive/Adaptive Technology  
**DESCRIPTION AND COST PROJECTION FORM**

<b>Member Name:</b>	<b>Member CIN:</b>
<b>CM Name:</b>	<b>Date:</b>
<b>Project #:</b>	

Have all other potential sources of payment been explored, including private insurance, community resources, and other State/federal programs? Yes No

Has recipient received/requested service before? Yes No

\*If yes, please provide details of service, i.e., when, where, why, final cost:

**Detailed Cost Projection:**

1. Evaluation Cost (pre-project evaluation, scope of project, architectural drawings/renderings): \$ \_\_\_\_\_
2. Assessment Cost (clinical justification, behavioral analysis, driver assessment, training costs): \$ \_\_\_\_\_
3. Project Estimate (bid amount) \$ \_\_\_\_\_
4. Estimated Project Management Cost (if applicable): \$ \_\_\_\_\_
5. Estimated Post-Project Evaluation Cost: \$ \_\_\_\_\_
6. Estimated Total Project Cost (1-4 combined): \$ \_\_\_\_\_

If the estimated project cost will exceed the annual soft cap or the aggregate calendar year limit for the request type, check here.

**SUBMIT THIS FORM WITH THE SERVICE REQUEST PACKET INFORMATION & BIDS.**

**FMS TO COMPLETE:**

**Bid selected (Vendor/Amount):** \_\_\_\_\_

**FMS Decision:**

- Approved
- Denied
- Submitted for DOH for approval (if over soft cap limit)

**DOH Submission Date (if applicable):**

**DOH Decision:**

- Approved
- Denied

FMS Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_