



CHHUNY Financial Management Services

DOH Children's Waiver Environmental Modifications, Vehicle Modifications
& Adaptive Assistive Technology

SECOND FLOOR MODIFICATION REQUEST REVIEW FORM

Participant Legal Name: _____

Participant CIN: _____

Project Request (bathroom, stair lift, etc.): _____

Project #: _____

Please answer the following questions concerning the layout of the home:

Does the participant have access to a bedroom? ☐ Yes ☐ No

Which floor of the house is the participant's bedroom on? ☐ First floor ☐ Second floor ☐ Other (specify):

Does the participant have access to the following on the second floor:

A primary exit ☐ Yes ☐ No If no, can it be provided on the first floor? ☐ Yes ☐ No

A bathroom ☐ Yes ☐ No If no, can it be provided on the first floor? ☐ Yes ☐ No

If there is a first-floor bathroom, would it need to be modified for the participant to access? ☐ Yes ☐ No

If a primary exit or bathroom cannot be provided on the first floor, please provide the reasons below:

Provide any additional details regarding the home layout and identified alternatives to a second-floor modification and why these alternatives are not suitable for the participant.

How do the participant and family/caregivers currently perform activities of daily living without the requested EMod:

How will the requested EMod help meet the current and future needs for support for the participant/family and what is the intended outcome of the modification if provided:

Please provide a list of future modifications that will be requested (stairlift, VPL, etc.) to provide access to the second floor if this EMod is provided.