



# Client Referral Form

office (612)213-2889 NPI 1497236418  
Email to: [info@currentaccessibility.com](mailto:info@currentaccessibility.com)

DATE \_\_\_\_\_

## CLIENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ PMI Number \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_  
County \_\_\_\_\_ Does Client  Own  Rent  Belong to HOA

## GUARDIAN INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Email \_\_\_\_\_  Decision Maker  Contact for Scheduling

## CASE MANAGER

Name \_\_\_\_\_ Email \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

## WAIVER/CDCS INFORMATION

Waiver Type  AC  BI  CAC  CADI  DD  EW Waiver Start Date \_\_\_\_\_  
Medical Dx \_\_\_\_\_  
CDCS  Yes  No Spend Down  Yes  No  
CDCS Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## SERVICE REQUESTED

EAA Assessment  Bid Coordination  EAA Coordination  Other \_\_\_\_\_  
 Assistive Technology  Specialized Supplies/Equipment  Chore Services  Homemaking

## AREAS TO BE ASSESSED

Bathroom  Bedroom  Entrance  Exterior/Ramp  Kitchen  Stair-Lift/Vertical Access  
 Other

NOTES

