



SUPPORTS WAIVER FUNDS VERIFICATION FORM

Supports Waiver Environmental Modifications, Vehicle Modifications and Assistive Technology Funds are available & limited up to \$5,000 every five (5) years. State staff shall verify payments in Omnicaid. A Funds Verification Form with DDSD verification and signature shall accompany the Service Cost Quote Packet for TPA review with ISP/Budget submission.

CSC to complete and forward to:

Consultant Agency: FAX: Phone:

Participant Name: SS#: Phone:

Complete address:

Region:

Requested Funds Verification:

ENVIRONMENTAL MODIFICATION VEHICLE MODIFICATION ASSISTIVE TECHNOLOGY

DDSD Supports Waiver Unit completes this section

Date inquiry received: _____

For Environmental Modification:

Has the participant used EMOD funds in the past? YES NO

If yes, include date, list funds authorized, by amount, approved for what item(s) and what company, if billed, if paid, etc.

Begin/End date of 5-year period: _____

Funds or balance available: \$ _____

For Vehicle Modification:

Has the participant used VMOD funds in the past? YES NO

If yes, include date, list funds authorized, by amount, approved for what item(s) and what company, if billed, if paid, etc.

Begin/End date of 5-year period: _____

Funds or balance available: \$ _____

For Assistive Technology:

Has the participant used Assistive Technology funds in the past?

If yes, include date, list funds authorized, by amount, approved for what item(s) and what company, if billed, if paid, etc.

Begin/End date of 5-year period: _____

Funds or balance available: \$ _____

DDSD Comments:

DDSD Signature and Date _____