

Environmental Accessibility Adaptation (EAA) Form

Name of Participant: _____ Region: _____	
DOB: _____ Address: _____	
Responsible Representative (if applicable): _____	
Support Coordination Agency (SCA): _____	
SC: _____ SCA Phone #: _____	
<i>The following has been approved and Prior Authorization(s) (PAs) can be released for payment:</i>	
<input type="checkbox"/> I. EAA Basic Assessment (Z0640)	Amount authorized: <u>\$600.00</u>
Date of Assessment: _____ EAA needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EAA Assessor: _____ Phone #: _____	
<input type="checkbox"/> II. EAA Complex Assessment (Z0642)	Amount authorized: <u>\$150.00</u>
Date of Final Inspection: _____	
EAA passed EAA Assessor inspection?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> III. EAA Complex Assessment—2 or more visits (Z0641)	Amount authorized: <u>\$250.00</u>
Date of Repeat Final Inspection: _____	
EAA passed EAA Assessor inspection?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> IV. EAA Provider (Contractor)	
EAA Job Type: <input type="checkbox"/> Z0060-Ramp <input type="checkbox"/> Z0061-Lift <input type="checkbox"/> Z0062-Bathroom <input type="checkbox"/> Z0063-Other	
Name of EAA Provider: _____ Phone #: _____	
Amount authorized for EAA job: \$_____ (Amount should be verified by EAA assessor.)	
Did EAA assessor verify EAA job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , date verified: _____	
Signature of Support Coordinator: _____	
SC Supervisor Signature: _____ Date: _____	