



CHHUNY Financial Management Services

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

Environmental/Vehicle Modification and Assistive/Adaptive Technology DESCRIPTION AND COST PROJECTION FORM

Member Name:	Member CIN:
CM Name:	Date:
Project #:	

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: _____