



CHHUNY Financial Management Services

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

Environmental/Vehicle Modification and Assistive/Adaptive Technology

PRE-PROJECT EVALUATION PAYMENT REQUEST FORM

Recipient Name: _____

FMS Project Number: _____

Project Type: (Check One) Assistive/Adaptive Technology Environmental Modification
 Vehicle Modification

Was the Evaluation & Scope of Work submitted to FMS:

- YES
- NO

Does the Evaluator intend to provide Project Management services for this project:

- YES
- NO

If yes, please provide anticipated fees and scope of work specific to this project:

Evaluator Information:

Evaluator Business Name: _____

Evaluator Contact Name: _____

Evaluation Information:

Pre-Project Evaluation Cost*: \$ _____

Date of Pre-Project Evaluation: _____

**Pre-project Evaluation payment request fees can only include the cost of the pre-project evaluation work. Any project management or post-evaluation fees must be billed separately through the service request packet and final cost form.*

Evaluation Acknowledgement and Approval

Name of HHCM/CYES: _____ CMA: _____

Signature of HHCM/C-YES: _____ Date: _____

SUBMISSION – Submit this form along with the pre-project evaluation and associated invoice(s) via the CHHUNY FMS Cognito Portal form specific to the project number identified above. Please contact FMS@childrenshealthhome.org with any questions.