

## 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.

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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

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***DDSD 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 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: \$

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**For Assistive Technology:**

Has the participant used EMOD 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