

AHCCCS/ALTCS FFS HOME MODIFICATION CONTRACTOR'S FORM

SECTION A. TO BE COMPLETED BY REQUESTOR. ATTACH ALL REQUIRED DOCUMENTATION.

Fax completed form to:
 AHCCCS-DFSM-PA Unit
 Fax: (602) 254-2426

Send:
 Floor Plans/Drawings
 Quotes

Date _____
Case Manager _____
Address _____
Phone Number _____
Fax Number _____

1. Member's Name _____ DOB _____ AHCCCS ID# _____

2. Member's Address _____
 City/Zip Code _____ Phone # or Alternative Phone# _____

3. Home Modification

Modification Requested	Justification	Approved	Denied
Ramp with Handrails			
Walk-in Shower			
Roll-in Shower			
Grab Bars – Shower or Toilet (Circle)			
Widen Doors- Bathroom, Bedroom, Front (Circle)			
Lever Handles-Bathroom, Bedroom, Front Door (Circle)			
High Rise Toilet or Roll Under Sink (Circle)			
Special Request- Please Explain			

SECTION B. TO BE COMPLETED BY AHCCCS

Building Contractor/Provider Name	License #	Provider ID	Cost
			\$
Comments: _____			
Approved _____	Signature _____ (Name and Title)		Date _____
Denied _____	Signature _____ (AHCCCS Medical Director or designee)		Date _____

Revised: 11/2009, 3/2006, 4/2004