HAPPY AT HOME

Phone: (515) 635-4050
Fax: (515) 631-5210
Email: admin@happyathomeconsulting.com

Home Modifications Referral Form

Today's Date: _____

First Name:				Last Name:	
Email:				Preferred Phone:	
Address:				City:	
State:		Zip:		Date of Birth:	
Primary Insurance:					
Additional Contact Name *(if applicable)*:					
Additional Contact Phone:					
Primary Care Physician:					

Do you live alone? ☐ Yes ☐ No

If no, what is the total number of people living in the household *(including yourself)*: _____

Is your total annual income less than the chart below? ☐ Yes ☐ No

# in Household:	***1***	***2***	***3***	***4***	***5***	***6***
Annual Income:	$ 38,400	$ 43,560	$ 49,320	$ 54,780	$ 59,220	$ 63,600

Is your only source of income for your household Social Security? ☐ Yes ☐ No
Is your only source of income for your household SSI/Disability? ☐ Yes ☐ No
Do you qualify for Medicaid? ☐ Yes ☐ No

Please check the following that applies to you:
☐ I own my home ☐ I'm buying my home on Contract ☐ I rent my home

Please check the following that applies to you:
☐ Recent Fall
☐ Dementia or Alzheimer's
☐ Difficulty with ADL: toileting, bathing, dressing
☐ Difficulty with Mobility: walking, getting out of bed or chair
☐ Difficulty with IADL: shopping, managing medications, preparing meals, using transportation, managing money, housework
☐ Other: _____
_____

Please check current level of care:
☐ Hospital (Acute, LTACH)
☐ Rehab (IPR/SNF)
☐ Home Health
☐ No Services

Are home modifications urgent? ☐ Yes ☐ No

Other Comments:

Administrative use:			
Recommended Program:		**Date:**	