



Environmental Modification (EM)

Pre-Survey

The purpose of this survey is to learn why the modification is needed and how the modification will impact the individual, guardian, caregiver, vendor agency and/or provider.

Individual Name: _____ Date: _____

Address: _____

Name of person requesting EM: _____

Name of person completing pre-survey: _____

1. Have you requested funding for an environmental modification in the past? Yes No

2. If Yes – when and what type of modification(s) _____

3. What type of environmental modification are you requesting? _____

4. How will the modification benefit the individual or caregiver? _____

5. Describe your environment (whether it is a vehicle or a home) at this point in time without this modification? Do you feel safe in the home? _____

6. Will this modification enable you to be more independent at home or in the community? (Yes: In what ways? OR No: Why not?) _____

7. In what ways will this modification positively influence your living situation? _____

Additional comments? _____

