



# 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. Please provide details of the environmental modification that is being requested.

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?