

## Request Form for Home Modifications Greater than \$7,500

Please complete this form if the home modifications service quote is greater than \$7,500. In addition to completing the information below, please attach at least two (2) quotes of the home modifications service that is needed for the member. Once filled out, please email the Strategic Partnerships team at [programsandpartnerships@hpsm.org](mailto:programsandpartnerships@hpsm.org) who will submit your paperwork for approval.

Once approved or denied, the assigned HPSM Program Manager will send the reviewed form back to you with the decision. Please note that HPSM Claims will pay an upper limit maximum of 10% of the \$7,500 to cover any administrative costs (whether the request is approved or denied). Please also note that HPSM Claims will pay up to 5% above the original quoted amount without additional approval. If the final amount is greater than 5% of the quote, HPSM will need to review and approve. Please email the Claims Department at [CSdocumentation@hpsm.org](mailto:CSdocumentation@hpsm.org) after submitting the claim with this “Approved” document along with the receipt of the home modification services.

### Requester and Member Information

Requester Full Name

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Requester Organization

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Requester Email

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Requester Phone

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Member Full Name

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Member Date of Birth (MO/DA/YEAR)

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Member CIN

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**Home Modification Services Description:**

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**Quote Estimates** (please attach documentation of the quote totals below to this form):

Quote #1 Total: \$\_\_\_\_\_ Quote #2 Total: \$\_\_\_\_\_ Quote #3 Total: \$\_\_\_\_\_

**Selected Vendor:** \_\_\_\_\_

**Reason for Selection:** \_\_\_\_\_

**Authorization Number:** \_\_\_\_\_

**Signatures:**

_____	_____	_____
Community Supports Provider Signature	Property Manager Signature	Member Signature

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**HPSM Review and Approval (FOR HPSM USE ONLY)**

SDP Ticket#: \_\_\_\_\_

Approved:  Yes  No  Pending Further Information

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HPSM Finance and Claims Signature