

**EXHIBIT 1240-4**  
**AHCCCS/ALTCS FFS HOME MODIFICATION REQUEST/JUSTIFICATION 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:**  
 Service Assessment  
 Uniform Assessment Tool (UAT)

**Tribal Contractor** \_\_\_\_\_  
**Case Manager** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone & Fax** \_\_\_\_\_  
**Signature/Date** \_\_\_\_\_

1. Member's Name \_\_\_\_\_ DOB \_\_\_\_\_ AHCCCS ID# \_\_\_\_\_

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

3. PCP's Information \_\_\_\_\_  
 \_\_\_\_\_ PCP Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Diagnosis & Code (Related to need) \_\_\_\_\_

4. Member resides in (check one): HOME Own? \_\_\_\_\_ Or Rent? \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

5. Current ADL Status  Independent  Mod Assist  Dependent  
 Bladder/Bowel Status  Continent  Mod Incontinent  Total Incontinent  
 Mental Status  Alert  Confused

6. Current Mobility Status  Independent  Walker/Cane  Wheelchair

7. Describe modification(s) being requested (use separate sheet of paper if needed): **Circle request**

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			

Physician's Signature & Date \_\_\_\_\_

**SECTION B. TO BE COMPLETED BY AHCCCS**

Building Contractor/Provider Name	License #	Provider ID	Cost
			\$

Comments: \_\_\_\_\_

Approved \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Name and Title)

Denied \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (AHCCCS Medical Director or designee)