



# Request for County In-Home Summary

Please fill out the required information on the forms below and e-mail to Hooper-Cahill Design, LLC at [choopercahill@gmail.com](mailto:choopercahill@gmail.com) (you will need save the forms and then to "attach" or "share" the forms depending on your computer program). You will be contacted shortly to set up an appointment after I receive Pages 1 & 2 of the form below. Thank you!

## Client Waiver Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

County: \_\_\_\_\_

Client Diagnosis: \_\_\_\_\_ Client PMI #: \_\_\_\_\_

Waiver Type: \_\_\_\_\_ Waiver  
(See Next Page) \_\_\_\_\_ Amount: \_\_\_\_\_

Waiver Begin Date: \_\_\_\_\_ Waiver End Date: \_\_\_\_\_

CDCS Funds Available: \_\_\_\_\_ Date Last Used: \_\_\_\_\_

CDCS Contact: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Client General Information

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Client Owns Home: \_\_\_\_\_ Client Rents Home: \_\_\_\_\_



# Request for County In-Home Summary

Continued...

Please fill out the required information on the form below. You will be contacted shortly to set up an appointment after I receive Page 1 and 2 of the referral form. Thank you!

## Waiver Types

DD Waiver  
(Developmental Disability Waiver)

CADI Waiver  
(Community Access for Disability Inclusion Waiver)

CAC Waiver  
(Community Alternative Care Waiver)

EW  
(Elderly Waiver)

AC Waiver  
(Alternative Care Program Waiver)

BI Waiver  
(Brain Injury Waiver)

## Case Manager Information

Full Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Client Information from Case Manager: \_\_\_\_\_

Summary of Modifications Needed per Case Manager: \_\_\_\_\_

## Permission to Proceed

*I, Case Manager and/or Guardian for the above client, grant permission for Hooper-Cahill Design, LLC to move forward with the above client's project. Project management includes: Home Visit, Evaluation and Assessment (EAA), producing Scope of Work, obtaining bids from contractors, and all other duties needed to see the project through from start to finish.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CAROL HOOPER-CAHILL • HOOPER-CAHILL DESIGN, LLC.**  
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