

**Hamilton County Developmental Disabilities Services**  
**Misc. Services, Environmental Modifications and Adaptive Equipment Worksheet**

*Will only be authorized when approved by Service & Support Administrator*

Individual:  My Plan Span Start Date:  SSA:

**Reason For Worksheet - To Be Completed By SSA Only**

Initial Services     Change in Services     Ending Provider:  
 Re-determination     Change in Provider    Provider:     Date ended:

**Home Delivered Meals**

Funding Source:  I/O     L1     Local/ Levy     Hot     Cold     Frozen     1 meal/ day     2 meals/ day  
Provider:     Start date:     Days of the week for meals:  
 M     T     W     TH     F     SA     SU

**Interpreter Services**

Funding Source:  I/O     Local/ Levy    Provider:     Start date:     Hours/Span:

**Foreign Language Interpreter**

Funding Source:  Levy (ONLY)    Provider:  Connected Language Services (ONLY)    Start date:     Hours/Span:

**Contracted Services - Local Funding ONLY**

Beech Acres Mentoring     Cincinnati Association For The Blind (Orientation & Mobility Assessments)     Cincinnati Association For The Blind ( Mobility Instruction)  
Start Date:     Hours/Span:

**Environmental Modifications**

I/O waiver: \$7500 per mod / Level 1 waiver: total can't exceed \$7,500 per 3 year span for all mods, equipment, remote monitoring/equip, emergency response & meals.

Funding Source:  I/O     L1     L1 Emergency Funds    Provider:     Effective:   
Modification Description:     Cost:     Date Home Mods & Equipment Coord. Approved Worksheet:

**Adaptive Equipment/ Emergency Response System/ Remote Monitoring Equipment**

I/O waiver: \$10,000 per item / Level 1 waiver: total can't exceed \$7,500 per 3 year span for all mods, equipment, remote monitoring/equip, emergency response & meals.  
Remote monitoring equipment not to exceed \$5,000/ year for I/O and SELF waivers.

Funding Source:  IO     L1     L1 Emergency Funds    Provider:     Effective:   
 SELF (Only Remote Monitoring Equipment)  
Equipment Description:     Cost:     Date Home Mods & Equipment Coord. Approved Worksheet:   
Type Of Equipment: (Choose One)     Emergency Response     Adaptive Equipment     Remote Monitoring

Comments:

SSA Signature:     Date:     Supervisor:     Date: