



DHS Waiver Referral Form

Home Modifications

Kevin Bartol
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Client Name _____

Address _____ City _____ State _____ Zip _____

Phone _____

Email _____

Contact Person (if different) _____

Address _____ City _____ State _____ Zip _____

Phone _____

Email _____

Case Manager _____

Company Name _____

Phone _____

Email _____

Brief Description or Modification Needed

Is Client Property owner _____

If Client is not Property owner do they have written permission for Modification? _____

Waiver Program _____

CDCS (if applicable) Contact _____
Phone _____
Email _____