

Home and Community-Based Services/Texas Home Living  
**Minor Home Modification/Adaptive Aids Summary Sheet**

Service Month and Year	Component Code	Contract No.	Contact Person	Area Code and Telephone No.
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Name (Last, First, Initial)	Client Care ID No.	Service Date (MM,DD,YY)	Service Description				Service Description			
			Minor Home Modification	Service Code	Dollars Spent	Req. Fee	Adaptive Aids	Service Code	Dollars Spent	Req. Fee
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
<b>Total</b>										

I certify by submission of this form that it meets all requirements set forth in the Home and Community-Based Services/Texas Home Living Billing Guidelines.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date