



Texas Home Modification Services, LLC

Phone: (512) 894-2058
Fax: (888) 742-5056

info@thms-texas.com
www.thms-texas.com

Modification Referral Form

(Procedure Code: S5165)

This form may be found at: <http://www.thms-texas.com/>

Referral Checklist

- To refer a home modification request, please complete this form and return by email or fax.
- THMS Construction will contact member and schedule an appointment upon receipt of referral. Upon completion, estimate will be returned by email or fax, to requestor.

Sender Information

Company Name: _____

Date: _____

Contact Name: _____

Phone: _____

E-mail: _____

Fax: _____

Job Information

Member Name: _____

Date of Birth: _____

Member ID#: _____

Phone: _____

Job Address: _____

Alt Phone: _____

City, State Zip: _____

Homeowner: YES NO

Modifications Requested

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Ramp – Wood | <input type="checkbox"/> Grab Bar(s) - Shower | <input type="checkbox"/> Floor Repair – Kitchen | <input type="checkbox"/> Pedestal Sink |
| <input type="checkbox"/> Ramp – Modular | <input type="checkbox"/> Grab Bar(s) – Commode | <input type="checkbox"/> Floor Repair – Bathroom | <input type="checkbox"/> ADA Commode |
| <input type="checkbox"/> Bathtub/Shower Conversion | <input type="checkbox"/> Door Widening | <input type="checkbox"/> Floor Repair – Other (Explain) | <input type="checkbox"/> Other (Explain) |

Other: (Please Describe)

Additional Information