

REQUEST FOR EFFECTIVE MODIFICATION TO PARTICIPATE IN A PROGRAM, SERVICE, OR ACTIVITY *(Confidential)*

Client/Customer Name _____ Phone Number (Area Code) _____

Client/Customer Address (No., Street) _____

City _____ State _____ ZIP Code _____

Office Address (No., Street) _____

City _____ State _____ ZIP Code _____

Program for Which Modification is Requested _____

Activity for Which Modification is Requested _____

Nature of Disability _____

Describe the Modification Requested (*Special methods, skills or procedures, equipment, aids or services, and/or physical layout, sign language interpreter, etc.*)

Additional Information Needed Yes No

Client to Provide Information Yes No

If 'Yes', information will be provided by (date): _____ (initials): _____

If 'No', client/customer must sign the Authorization to Release Information (*DES-1059A*)

DEPARTMENT DETERMINATION			
Date of Decision _____	Interim Modification to Be Provided Pending Final Determination Signature: _____		
Modification Detail _____			
FINAL DECISION:	Date of Decision _____	Start Date _____	End Date _____
Department Signature _____			Date _____
Modification Detail _____			

CLIENT/CUSTOMER CONFIRMATION

By initialing this form, I confirm that I have been advised of the Department decision regarding the provision of a reasonable modification to enable me to participate in the program(s) listed above.

I agree with the decision: (initial) _____ (date) _____

I disagree but accept the decision: (initial) _____ (date) _____

I have been provided, in a format that I can use, my rights regarding reasonable modification for disabilities and grievance of Department determinations. (initial) _____ (date) _____

Distribution: Copy to Client/Customer; Copy to Division Liaison; Copy to the Client/Customer upon completion of the requested modification; Copy placed in Client/Customer's file.

See reverse for EOE/ADA/LEP/GINA disclosures

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Disponible en español en línea o en la oficina local.