

# 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.*) \_\_\_\_\_

## DEPARTMENT DETERMINATION

Department Signature \_\_\_\_\_ Date \_\_\_\_\_

Modification Detail \_\_\_\_\_

Date of Notification \_\_\_\_\_

Mail Certification Tracking Number \_\_\_\_\_ Date of Receipt Confirmation \_\_\_\_\_

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