



## **Katie Beckett Team ADA Reasonable Modification and Communication Assistance Request Form for Persons with Disabilities**

### **Do you have a disability and need a reasonable modification or communication assistance to access Katie Beckett services?**

To request a reasonable modification, communication assistance, or extra help, please complete the form below. You are not required to complete this form or tell us your disability in order to receive reasonable modifications, communication assistance, or extra help.

If you need help completing this, please ask one of our staff members or call 678-248-7449. Alternative formats of this form are available upon request. The information you give us is confidential.

The DCH Katie Beckett Team provides:

- Reasonable modifications when the modifications are necessary to avoid discrimination based on disability. For example, we may change operating policies, practices, or procedures to provide equal access;
- Persons with disabilities or their companions with disabilities communication assistance, such as sign language interpreters, for effective communication.

DCH is not required to make any modifications that would result in a fundamental alteration in the nature of a service, eligibility or level of care requirements, or create undue financial and administrative burdens.

DCH is prohibited from disclosing Personally Identifiable Information (PII) or Protected Health Information (PHI) to unauthorized individuals. Therefore, DCH will not disclose, discuss or allow access to the PII or PHI of the person with a disability without the appropriate authorization.

In situations where a companion or other individual requests a reasonable modification or communication assistance on behalf of a person with a disability, DCH will contact the applicant/recipient with a disability or authorized representative to verify the request.



<b>For Agency Use Only</b>	
Head of Household _____	Client ID _____

Date: \_\_\_\_\_

Name of the person with a disability who needs a reasonable modification, communication assistance, or extra help:

\_\_\_\_\_  
\*Requestor's Name (if different from the name listed above): \_\_\_\_\_

Relationship of requestor to person with a disability: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth of person with disability:     /     /     or Client ID: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email (if available): \_\_\_\_\_

1. Do you need a reasonable modification (extra help) due to a disability?

Yes                       No

If yes, please describe the reasonable modification that you are requesting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you or your companion need communication assistance because of a disability? If yes, please tell us so that we can assist you. (Select all that apply)

Sign Language interpreter\_\_\_\_; Cued Speech Interpreter\_\_\_\_; Oral Interpreter\_\_\_\_; Tactile Interpreter\_\_\_\_; TTY\_\_\_\_; Braille\_\_\_\_; Large Print\_\_\_\_; Electronic communication (email)\_\_\_\_; Other:\_\_\_\_\_

3. How will this reasonable modification (or extra help) assist you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name of Person with Disability: \_\_\_\_\_ Date of Birth or Client ID \_\_\_\_\_

4. Do you need this reasonable modification, communication assistance, or extra help **one-time\_\_\_ or ongoing\_\_\_** ? If possible, please explain when and how long you need this assistance (extra help)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give this completed form to your caseworker, the person at the front desk, or mail to:

Katie Beckett Team ADA/Section 504 Coordinator  
2211 Beaver Ruin Road, Suite 150  
Norcross, GA 30071

or email to [dch.adarequests@dch.ga.gov](mailto:dch.adarequests@dch.ga.gov) and write "ADA" in the subject line.

\*Section 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990; and the Americans with Disabilities Act Amendments Act of 2008 ensure persons with disabilities are free from unlawful discrimination.

**Nondiscrimination Statement**

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, or religion.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Additionally, program information may be made available in languages other than English.

Any person or representative for a Katie Beckett applicant or participant may file a verbal or written complaint alleging unlawful discrimination by contacting the DCH Civil Rights Coordinator, Policy, Compliance and Operations Office, Medical Assistance Plans Division, DCH at (local) 404-967-0401, or via email to [DCH.CivilRights@dch.ga.gov](mailto:DCH.CivilRights@dch.ga.gov), or via U.S. mail to:

The Georgia Department of Community Health  
DCH Civil Rights Coordinator  
Policy, Compliance and Operations Office  
Medical Assistance Plans Division  
2 Peachtree Street, NW  
37<sup>th</sup> Floor  
Atlanta, GA 30303

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue SW, Washington, D.C. 20201, or call (800) 368-1019 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.



**For Agency Use Only:**

Client ID: \_\_\_\_\_

Date RM Form Received by DCH: \_\_\_\_\_

Was the RM Form on behalf of a person with a disability? Yes \_\_\_ No \_\_\_

Received by: \_\_\_\_\_

Staff Name

Title

Action Taken by: \_\_\_\_\_

Staff Name

Title

Action Completed:

\_\_\_\_\_

Date Action Completed: \_\_\_\_\_

**NOTE: A request for Reasonable Modification (extra help) may only be denied by the DCH Deputy Executive Director of the Policy, Compliance and Operations Office of Medical Assistance Plans or his designee.**