



ACCESSIBILITY/REQUEST FOR ACCOMMODATIONS/REMOVAL OF BARRIERS

Upon completing, please fax to 816-836-3567 or e-mail to ksaunders@midwestadp.net

Date: _____

Consumer Name: _____

Descriptions of the Requested Accommodation or Barrier: _____

Description of Proposed Solution: _____

- - THIS SECTION TO BE FILLED OUT BY STAFF - -

Descriptions of facilitation until barrier is removed, if any: _____

Decision: _____

Person Responsible for implementation: _____

Time Frame for Implementation if Applicable:

Date Due: _____

Date Completed: _____

Remarks: _____

Reviewed By: _____ **Date:** _____