



**Georgia Department of Human Services**

Division of Family & Children Services

**DFCS Reasonable Modifications and  
Communication Assistance Request Form  
for Persons with Disabilities**

**Do you have a disability and need a reasonable modification or communication assistance to access DFCS's 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 404-657-3433. Alternative formats of this form are available upon request. The information you give us is confidential.

DFCS provides:

- Reasonable modifications when the modifications are necessary to avoid discrimination based on disability. For example, we may change policies, practices, or procedures to provide equal access;

- Communication assistance for persons with disabilities or their companions with disabilities, such as sign language interpreters, for effective communication.

DFCS is not required to make any modifications that would result in a fundamental alteration in the nature of a service, program or activity or in undue financial and administrative burdens.

DFCS is prohibited from disclosing Personally Identifiable Information (PII) or Protected Health Information (PHI) to unauthorized individuals. Therefore, DFCS will not disclose, discuss or allow access to the person with a disability's PII or PHI 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, DFCS will contact the applicant/recipient with a disability or authorized representative to verify the request.

For Agency Use Only	
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):**

\_\_\_\_\_

Name of Person with Disability

\_\_\_\_\_

Date of Birth or Client ID \_\_\_\_\_

**Please check the DFCS program(s) that apply:** \_\_\_\_

SNAP \_\_\_\_ TANF \_\_\_\_ Medical Assistance (e.g.,

Medicaid and PeachCare for Kids®) \_\_\_\_ Child welfare

(CPS, foster care, adoption, family reunification) Other:

\_\_\_\_\_

1. Do you need a reasonable modification because of a disability?

\_\_\_\_ Yes                      \_\_\_\_ No

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

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

Name of Person with Disability

\_\_\_\_\_

Date of Birth or Client ID \_\_\_\_\_

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 communication assistance (or extra help) assist you?

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

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)?

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

## **RETURN THIS FORM TO:**

**your caseworker, the person at the front desk, or email to: [Customer\\_services\\_dfcs@dhs.ga.gov](mailto:Customer_services_dfcs@dhs.ga.gov) and write “ADA” in the subject line.**

\*Section 504 of the Rehabilitation Act of 1973, the 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.

**See the U.S. Department of Agriculture and U.S. Health and Human Services nondiscrimination statement on the next page.**

## **Nondiscrimination Statement**

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

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, S.W., Washington, D.C. 20201 or call (800) 368-1019 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.