



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 (877) 423-4746. 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):

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.

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 (Not relate to language assistance)
- Tactile Interpreter
- TTY
- Braille
- Large Print
- Electronic Communication (Email)
- Video Relay
- Face-to-face Interview
- Telephone call reminder of program deadlines
- Telephone signature, if applicable
- 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 to be:
___ one-time
___ 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: CustomerServiceDHS@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

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), 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. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who 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.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, 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:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding 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: [SNAP hotline](#).

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Form 101

Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.