Please use this form to request a modification of a Department policy, program, service, or activity. Be specific and provide as much detail as possible. This will allow the Department to effectively process and evaluate your Request. **If you need assistance filing out this form**, contact the Department’s ADA/Civil Rights Coordinator whose contact information appears at the end of this form.

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| **With Respect to the Individual Expected to Benefit Directly from the Modification** | | | | | | | |
| Name: |  | | | | Phone: |  | |
| Address: |  | | | | | | |
|  | Street / PO City State Zip Code | | | | | | |
| Email Address: | |  | | | | | |
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| **With Respect to Person Filing Request, if different than above\*** | | | | | | | |
| Name: |  | | | | Phone: |  | |
| Address: |  | | | | | | |
|  | Street / PO City State Zip Code | | | | | | |
| Email Address: | |  | | | | | |
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| The preferred method of contact regarding this Request is (check one): | | | | | | | |
| mail  phone  email | | | | | | | |
| **Q #1. Please briefly describe the nature of your disability** (attach additional pages, if necessary) | | | | | | | |
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| **Q #2. Please describe what problem or issue you need addressed.** What is the Department policy, program, service, or activity that is the subject of your modification request?(attach additional pages, if necessary) | | | | | | | |
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| **Q #3. Describe the requested modification, and how this modification will help you access a Department policy, program, service, or activity.** Please provide any supporting documentation necessary to assist in processing the request. (attach additional pages, if necessary) | | | | | | | |
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| Please be advised that, in order to evaluate this request, the Department may need to inquire as to the nature of your disability. If this information is provided to the Department, it will be maintained in a confidential manner. | | | | | | | |
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| **Please sign and date this form:** | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Please submit this form by mail or by email to:** | | | | DHHS ADA/Civil Rights Coordinator  11 State House Station  Augusta, ME 04333-0011  [ADA-CivilRights.DHHS@maine.gov](mailto:ADA-CivilRights.DHHS@maine.gov) | | | |
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| * If you are submitting this request on behalf of someone else, you MUST submit proof of your legal relationship or legal authority to access that person’s confidential information.   Examples of legal relationship or legal authority include, but are not limited to:   1. Parent of a minor child; 2. Guardian; 3. Attorney-in-fact granted the power to act on the Individual’s behalf with respect to the Modification Request; 4. Attorney of record; 5. Individual authorized to act on behalf of the individual in a writing approved by the Department; or 6. Person with verifiable legal authority to act on behalf of the Individual with respect to the Modification Request | | | | | | | |