



REQUEST FOR ACCOMMODATIONS/REMOVAL OF BARRIERS

Date: _____

Provider/Employee Name: _____

Consumer LME Record # if a consumer is involved: _____

Descriptions of the Requested Accommodation or Barrier:

Description of Proposed Solution: _____

Descriptions of facilitation until barrier is removed, if any _____

Reported By: _____ Position: _____

Submit report to: Bob Canupp, CFO, PO Box 369, Beulaville, NC 28518 or
bcanupp@eastpointe.net

Accessibility Committee Decision:

Time Frame for Implementation if Applicable:

Date Due: _____

Date Completed: _____

Remarks: _____
