



PERSON SERVED BARRIER REMOVAL/ACCOMMODATION REQUEST FORM

Please type or print legibly:

Name of person making request: _____ Date of request: _____

Address: _____ City _____ State _____ Zip _____

Telephone Number _____ Email address: _____

If Person needing accommodation is not the individual completing this form, please enter:

Name: _____ Telephone Number: _____

Other Contact Information: _____

Check one: Accommodation Barrier Removal Interpreting Services

Accommodation needed or location of barrier: _____

Brief statement of why the accommodation is needed or the barrier removed: _____

Date accommodation is needed: _____

Signature: _____ Date: _____

Please send the completed form to the Customer Service Department at the address below, or by email via the Department's confidential email address to customerservice@cnshealthcare.org, or to a CNS Receptionist. If you have any questions regarding the completion of this form, please contact us at 833-409-4302.

Customer Service Department
24230 Karim Blvd., Ste. 100,
Novi, MI 48375

Upon request, a reasonable accommodations form will be provided, or copies of this form can be provided in alternative formats (e.g., Spanish, Arabic and Large Print).

Date received: _____ CSR: _____ Approved Denied _____