![Independent Living Systems logo]

Communication Aid/Accommodation Request Form

The Independent Living Systems, LLC ("ILS") Notice of Nondiscrimination Policy provides free communication aids/services and reasonable accommodations upon request to any person when necessary to ensure equal opportunity and effective communication. If you are in need of communication aids/services or an accommodation, please complete this recommended form and email your request, as far in advance as possible, to ComplianceDepartment@ilshealth.com, or submit to:

Eric Miller
Civil Rights Compliance Coordinator
Independent Living Systems
201 E. Park Avenue, Suite 400B
Tallahassee, FL 32301

Requester Contact Information

Name: _____

Address: _____

_____

Telephone: _____

Email: _____

Preferred method of contact: _____

Authorized Representative Making Request (if different than requester)

Name: _____

Relationship to requester: _____

Address: _____

_____

Telephone: _____

Email: _____

Preferred method of contact*****: _____
  *Please note: if you are an Authorized Representative making a communication aid/service or accommodation request on behalf of a requester and wish to be notified as to the status of the

Request No._____

request, you must obtain a signed HIPAA authorization release form from the requester. This document can be found at: **https://ilshealth.com/hipaa/pdf/HIPAAauthorization**

Communication Aid/Service or Accommodation Request

Location where communication aid or accommodation is needed: _____

Date communication aid or accommodation is needed: _____

Please describe the specific communication aid or accommodation requested:

Please provide any additional information that might be useful in reviewing your request:

Signature: _____

Date: _____

PRIVACY POLICY

Submitted information is maintained and destroyed according to ILS Notice of Privacy Practices. Copies of this notice can be viewed at:
https://ilshealth.com/hipaa/pdf/privacynotice

FOR ADMINISTRATIVE USE ONLY:

REQUEST NO._____

ACTION TAKEN: