



ACCOMODATION REQUEST FORM

Blueprint 2000 does not discriminate on the basis of disability in admission to, or operation of its programs, services, activities or facilities. This form may be used by individuals and their companion with a disability seeking access to a Blueprint 2000 program, service, activity or facility.

ACCOMODATION REQUEST INFORMATION

Name: _____ Telephone (or TTY): _____

Address: _____ Date: _____

The program or facility to which I am requesting access is located at:

I am requesting the following accommodation(s):

- Wheelchair Access
- Sign Language Interpretation
- Written Material in Alternate Format (Large Print, Computer Disc)
- Written Material in Braille
- Reader
- Modification of Policy Procedures
- Other

Please provide any other details or information necessary to process this request.

PLEASE RETURN THIS FORM TO:

Shelonda Meeks
Title VI Coordinator
2727 Apalachee Parkway
Suite 200
Tallahassee, FL 32301
Shelonda.Meeks@blueprint2000.org
850-219-1060 (p)
850-219-1098 (f)
7-1-1 (TDD & Voice), via Florida Relay Service