

0	Phone: (618) 282-6233
	www.ComWell.us
0	10257 State Route 3 Red Bud, IL 6227

## **Reasonable Modification Request Form**

Requests for modifications to the policies, practices, or procedures of ComWell to accommodate an individual with a disability may be made either in advance or at the time of the service. Requests for reasonable modifications are made and determined in advance whenever feasible.

Modification for (Name)	Date:	
Address:		
Phone Number:		
Modification request for:Transportat	ion CILA home Office	
Date modification is needed:		
Describe the modification request including w	hy the modification is necessary:	
Signature of Individual requesting modification or	Guardian Date	
Once completed, please mail or email this form to	<b>o</b> :	
Mark Bollman, Facility Manager, 10257 State Roumbollman@comwell.us	te 3, Red Bud, IL 62278 (618)282-6233	

10257 State Route 3, Red Bud, IL 62278; (618) 282-6233 \* Fax (618) 282-6220

Other Locations:

104 Northtown Drive Sparta, Illinois 62286 (618) 443-3045 Fax (618) 443-5767 2517 State St Chester, IL 62233 (618) 826-4547 Fax (618) 826-4549 109 West Elm Okawville, Illinois 62271 (618) 243-2091 Fax (618) 243-2093