



REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Please type or print legibly

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

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

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

Name: _____ Phone: _____

Other Contact Information: _____

Check One: Accommodation Barrier Removal

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

Date accommodation is needed: _____

Signature: _____ Date: _____

Please email the completed form to compliance@choosebettercare.com or mail to:

John Seyler
Administrator
IntelliChoice Home Care
4735 Reedy Branch Rd,
Winterville, NC 28590

For more information or assistance in completing the form, please contact John Seyler at 252-215-5656.