

PROGRAM PARTICIPANT DENIAL OF ACCOMMODATION/FREE LANGUAGE SERVICES

Participant/Beneficiary Name: **First & Last Name** Address: **Street address, city, state, zip code**
Phone Number: **Phone Number** Email: **Email Address**
Program/Activity: **Program/Activity Participating** Date of Denial: **Click here to enter date.**
County/City: Facility:

Accommodation Details:

1. What type of accommodation was provided by the recipient (AGNR) to the program attendee?
Please be as specific as possible (i.e. interpretation or translation services/accessibility spacing).
2. Why did the program participant deny the free service provided?
Please be as specific as possible (i.e. wrong language service, timeliness to provide, despite notice of services, refused and preferred own interpreter, own accessibility resources).
3. Request for Denial of Service Sent To:
Please be as specific as possible (i.e. email, fax, verbally expressed to).

Signature

[Click here to enter date.](#)

Internal Review (To be completed by Responsible Official)

Program/Activity Responsible Official: **First & Last Name** Title: **Enter Official Title**
Date of Program/Activity: **Click here to enter date.**

 ACCEPTANCE

1. Date of Acceptance: **Click here to enter date.**
 2. Type of Accommodation Provided: **Accommodation Modified (what services occurred to include participant elected services).**
 3. Cost Associated: **Enter Cost of Accommodation (if any).**
-

Support documentation stored and recorded as appropriate with a copy of marketing material.