



Allegheny County
Department of Human Services
One Smithfield Street
Pittsburgh, PA 15222
1-800-862-6783
412-350-5891 (fax)

Alternative Communication

Request for Alternative Means of Communication

Client's name: _____ Birth date: _____

Client ID number (if known): _____

Client's address: _____

Please explain what kind of alternative means or location you are requesting, for example, if you would rather receive mail at work than at home.

Signature of individual or personal representative:

Name: _____ Date: _____

FOR DEPARTMENT USE ONLY:

Date received: _____ Amendment has been: Accepted Denied

If accepted, type of alternative means. Explain changes in method and/or location.

If denied, explain why:
