



Enter today's date (mm/dd/year):

Re: Communication Accommodation Request

To Whom It May Concern:

I have an appointment with _____ on _____ at _____ .
I am/have a _____ and will need accommodation for us to communicate effectively.

Accommodations I need are: (check all that apply)

- ASL Interpreter
- CART
- ALD
- Close Vision
- Tactile Interpreter
- Certified Deaf Interpreter
- Other

My preference is a _____ .

If you need guidance on arranging communication accommodations for patients, please contact the nearest Regional Center of the NC Division of Services for the Deaf and Hard of Hearing ([Click for Regional Center contact information](#)).

[NCDHHS Regional Centers Information Link](#)

Additionally, please let me know when the communication accommodations I requested are set up by: (check all that apply)

- Email
- Mail
- Text

Sincerely,