

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
REQUEST FOR ALTERNATIVE MEANS OR LOCATION OF
COMMUNICATION**

Individual's Name: _____ Birth Date: _____

Recipient Number: _____

Individual's Address: _____

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

Signature of Individual or Personal Representative

Date

FOR DEPARTMENT USE ONLY:

Date Received: _____ Amendment has been: Accepted Denied

Staff member processing request: _____

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

If denied, explain why: