

**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: