



COLORADO
 Department of Health Care
 Policy & Financing

504/ADA Coordinator
 1570 Grant Street
 Denver, Colorado 80203
 Telephone: 303-866-6010
 FAX: 303-866-2828
 State Relay: 711

Email: hcpf504ada@state.co.us

Auxiliary Aids and Services Request Form

Please fill out this form completely in print or type. Sign and return to the 504/ADA Coordinator via mail, fax or email. If you require assistance completing this form, please contact the 504/ADA Coordinator.

Qualified Individual Information

FIRST NAME		LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
MAILING ADDRESS			CITY
STATE	ZIP	EMAIL ADDRESS (If available)	

How would you like us to contact you?

Email Mail In Person Telephone Other _____

Please describe the auxiliary aids or service needed and provide any supporting documentation necessary to assist in processing the request. Attach additional pages if needed.

Please sign and date this request. You do not need to sign if submitting this form by email, just type your name.

Signature **Date**
Parent or Legal Guardian may sign on behalf of minor child.
Legal Guardian, Power of Attorney, or equivalent may sign on behalf of adult documentation is required.

For Administrative Use Only:

Action taken: _____ Date received _____

ADA Coordinator signature **Date**