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| --- | --- | --- | --- | --- | --- |
| **Communication Accommodation Request Form (CAR)** | | | | | |
| For VR participants, please email completed form to: | | | | | |
|  | | | | | |
| **VRC Requestor information:** | | | | | |
| **Name:** | MaryAnn Applebee | | | **Date (M/D/Y):** | 4/14/2022 |
| **Email:** | MaryAnn.Apple@ fssa.in.gov | **Phone #:** | 317-584-3498 | **Cell #:** | 317-584-3498 |
| **VRCC Information:** | | | | | |
| **Name:** | Maria Hidden | **Email:** | [Maria.Hidden@fssa.in.gov](mailto:Maria.Hidden@fssa.in.gov) | **Phone #:** | 317-478-8956 |
| **Participant Information:** | | | | | |
| **Name:** | Frank Webinar | | | **VP #:** | 317-895-4685 |
| **Email:** | [FWebinar@gmail.com](mailto:FWebinar@gmail.com) | **Phone #:** |  | **Cell #:** | 317-598-9632 text only |
| **Permission Granted to:** | | | | | |
| **Agency:** | Marion County Job Search | | **POC Name:** | Sami Car | |
| **Email:** | Sami.Car@MarionCounty.net | | **Cell #:** | 317-321-9852 | |
| **ASSIGNMENT DETAILS:** | | | | | |
| **Language Preference** | | | | | |
| **On-Site** | **ASL** | **SEE** | **PSE** | **Tactile** | **CDI/DI** |
| **CART** | **Other:** |  | | **Non-preferred:** |  |
| **REMOTELY** | **Virtual On-Line** | **VRI** | **Remote CART** |  |  |
| **ASL** | **SEE** | **Tactile** | **CDI/DI** | **Non-preferred:** |  |
| **Assignment Information:** | | | | | |
| **Date:** | 4/29/2022 | **Start time** (AM/PM & ET/CT): | 9:00 AM ET | **End time** (AM/PM & ET/CT): | 11:00 AM ET |
| **Assignment Location (Building, Number and Street, City, State, and ZIP code)** | | | | | |
| 3456 Sandy Beach Road, Indianapolis, IN 46202  Enter from north side of building (Door 4) | | | | | |
| **Type of Assignment:** | | | | | |
| **ES Meeting** | **Meeting w/VRC** | **Discovery Interview** | **Medical Appt** | **Evaluation Appt** | **Post-Secondary** |
| **Job Shadowing** | **Job Interview** | **Job Orientation** | **Job Training** | **Other:** |  |
| Please specify nature and details of assignment: | | | | | |
| Participant (deaf) with ES (hearing) about issues with finding jobs not what he wants and expects a better pay. Wants to talk about possible further training- wants help to find where training is appropriate so he can present information to VRC. | | | | | |
| **\* Attachments necessary for the assignment, please include:** | | | | | |
| **Agenda** | **PowerPoints** | **Conference Schedule** | **Class Schedule** | **Other:** |  |
| **Please note:** | | | | | |
| **Please test your wifi and mifi** | | | | | |
| **Non-billable charges: downtime between assignments and meal brakes (excluding "working" meals)** | | | | | |
| **If questions, please contact dhhs.car@fssa.in.gov** | | | | | |