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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):** | 4/20/2022 |
| **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 | **Phone #:** | 317-478-8956 |
| **Participant Information:** |
| **Name:** | Frank Webinar | **VP #:** | 317-895-4685 |
| **Email:** | 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** | [x]  **Virtual On-Line** | [ ]  **VRI** | [ ]  **Remote CART** |   |   |
| [x]  **ASL** | [ ]  **SEE** | [ ]  **Tactile** | [ ]  **CDI/DI** | [ ]  **Non-preferred:** |   |
| **Assignment Information:** |
| **Date:** | 4/29/2022 | **Start time** (AM/PM & ET/CT): | 1:00 PM ET | **End time** (AM/PM & ET/CT): | 2:00 PM ET |
| **Assignment Location (Building, Number and Street, City, State, and ZIP code)** |
|  3456 Amazon Road, Indianapolis, IN 46202Enter from north side of building (Door 4) |
| **Type of Assignment:** |
| [ ]  **ES Meeting** | [ ]  **Meeting w/VRC** | [x]  **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) and 2-3 hearing people from Amazon for a Discovery interview for a possible internship at Amazon Warehouse as a supervisor for deaf employees.  |
| **\* 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** |