



Reasonable Modification Request Form

Name:	Date:
Phone:	Email:
Address:	
Description of Request:	
Service and/or Location:	
Are you able to ride without this accommodation? YES or NO	

Please complete this form to request a reasonable accommodation from Carroll County Wellness Transit. Submit the completed form to CCWT at:

ATTN: Leslie Yocum
1209 Highland Ave, Suite E.
Carrolton, KY 41008
502-732-6420
lyocum@ccmhosp.com