ADA Executive Referral

DTA Rules Modification **Client Name: _____**

☐ **Financial** **APID _____**

☐ **Non-Financial** **Spanish Speaking ☐ Yes**

Other ☐

Proposed Difficulty Type: _____

Proposed Text:

Other ☐

Proposed Difficulty Type: _____

Proposed Text:

Other ☐

Proposed Difficulty Type: _____

Proposed Text:

Other ☐

Proposed Difficulty Type: _____

Proposed Text:

CAC: _____ **Phone: _____**