



**BOARD MEETING ATTENDANCE REQUEST FORM**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**DATE OF BOARD MEETING YOU WISH TO ATTEND:** \_\_\_\_\_

As per La. R.S. 42:14, only public members who meet the definition of a person with a disability as defined by the Americans with Disability Act or their caregivers may attend an open meeting either by teleconference or video conference.

**Do you meet the definition of “person with a disability” as per the Americans with Disability Act?**  
 Yes  No **If your answer is no, you may attend the meeting in person.**

**Are you a caregiver of a “person with a disability” as per the Americans with Disability Act?**  Yes  No

**If you meet the definition of “person with a disability” or are a caregiver, how will you attend the meeting?**  
 **IN PERSON**  
 **TELECONFERENCE**  
 **VIDEOCONFERENCE**

**I** \_\_\_\_\_ **hereby certify that I meet the definition of**  
(insert name)  
**“Person with a disability” as provided by the Americans with Disability Act or am a caregiver of a person with a disability.**

\_\_\_\_\_  
**Signature**

NEDHSA staff will contact you by e-mail with instructions to attend the meeting.

NEDHSA board meetings are held at 5:30 p.m. on the second Tuesday of every month at the Ouachita Parish Health Unit, 1650 Desiard Street, Monroe, Louisiana.

Please submit this Attendance Request by e-mail to [compliance@nedeltahsa.org](mailto:compliance@nedeltahsa.org), by fax to (318) 362-5371, or by mail to NEDHSA Compliance Department, 2513 Ferrand St, Monroe, LA 71201.