



A proud partner of the American Job Center network

Reasonable Accommodation Request Form

1. Reasonable Accommodation Requester Information

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Requester's Disability _____

Date of Request: _____

<p>Activity/Program (check all that apply):</p> <p>Employment Services <input type="checkbox"/></p> <p>Intake & Eligibility <input type="checkbox"/></p> <p>Assessment <input type="checkbox"/></p> <p>Career Management <input type="checkbox"/></p> <p>Business Services <input type="checkbox"/></p> <p>Other (specify): <input type="checkbox"/></p>	<p>Staff Request (Check all that apply):</p> <p>Work Area <input type="checkbox"/></p> <p>Work Station <input type="checkbox"/></p> <p>Other (specify): <input type="checkbox"/></p>
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2. Types of reasonable accommodation requested (check all that apply)

- Adaptive equipment or assistive technology (e.g. screen reader, magnifier, voice input/output)
Specify: _____
- Provision of written materials in alternative formats (e.g. large print, electronic text file)
Specify: _____
- Auxiliary aid or service (e.g. sign language interpreter, qualified reader, scribe)
Specify: _____
- Modification of assessment or testing (e.g. extended time, computer assisted, reader)
Specify: _____
- Modification of training materials (e.g. electronic text file, braille, large print text)
Specify: _____
- Modified work or training schedule (e.g. part-time, one-on-one training, shift "preference")
Specify: _____

- Alterations to work or training sites (e.g. accessible worksite, accessible work station)

Specify: _____

- Other

Specify: _____

3. Reasons for reasonable accommodation request: _____

4. Other

Comments _____

I give Region 7B Consortium permission to explore reasonable accommodations under the Americans with Disabilities Act (ADA). I understand that all information obtained during this process will be maintained and used in accordance with ADA and all legal and regulatory requirements as they pertain to medical information confidentiality.

 Requester Signature

 Date

 Staff Signature

 Date

For Staff Use Only:

Copy of form given to the requester: Yes No staff initials _____

Request Forwarded to EO Officer Yes No staff Initials _____

Request Approved Request Denied Alternate Accommodation

Comments: _____

 EO Officer Signature

 Date

7/9/2018