Reasonable Accommodation Request Form

Date: ___________________

Head of Household Name: _____________________________________   Phone: __________________

Address: __________________________________________________________   Zip: _____________

PO Box or Street City/Town

The following member of my household has a disability: _____________________________________

Please let us know how the accommodation will help you to take part in our program and help you to meet other requirements of our program. Please attach a separate sheet if you need more space.

- Do not give us medical information about your disability
- Do not give us the name of your disability or the nature or extent of your disability

Please provide the following reasonable accommodation: ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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____________________________________________________________________________________

____________________________________________________________________________________

I need this reasonable accommodation because: ________________________________

____________________________________________________________________________________

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____________________________________________________________________________________

4/2015