



Community Services Agency American with Disabilities Act (ADA) Title II / Civil Rights Act Title VI, Public Access and Reasonable Modification Request Form



--NOTICE--

All clients, applicants, participants, recipients, beneficiaries, and other interested persons have the right to request reasonable modifications and protections against discrimination on the basis of disability (28 CFR § 35.106). You also have the right to file a complaint with the agency if you believe you were improperly denied a modification or were discriminated against on the basis of a disability (28 CFR § 35.107(b)).

NEED HELP DUE TO A DISABILITY?

We are happy to help identify and make reasonable modifications to our policies, practices, or procedures when necessary to provide equal access to agency programs, services, or activities for people with qualifying disabilities (28 CFR § 35.130(b)(7)(i)). Exceptions may occur if the proposed modification fundamentally alters the nature of the program, service, or activity, or imposes an undue financial or administrative burden, taking into account all resources available to the program, service, or activity (28 CFR § 35.150).

INTERACTIVE PROCESS

The goal of the interactive process is to identify a reasonable modification to help you gain equal access to or maintain participation in programs, services, or activities offered by the agency (28 CFR § 35.150(a)(3)). If you believe you have a qualifying disability, filling out this form and meeting with staff allows us to determine whether you are in need of a reasonable modification or other measures to assist you.

Name: Case #:

Address:

City: Zip Code:

Home Phone: Other Phone:

Email Address:

Designated person to contact on your behalf (if needed):

Name: Phone:

Date of Request: Facility:

Tell us if you need any help by answering the following questions:

Check Yes or No

1. Do you have a hard time walking, sitting, or standing for a long time?
 Yes No
2. Do you have trouble talking or hearing?
 Yes No
3. Is it hard to understand complicated information or instructions?
 Yes No
4. Do you have difficulty seeing?
 Yes No
5. Do you need help filling out or understanding forms?
 Yes No

6. Do you need forms or other things read to you?

Yes No

7. Do you have a hard time remembering deadlines?

Yes No

8. Do you have difficulty in doing other things our Department needs you do to get your benefits?

Yes No

9. Please explain below what is hard for you to do (You may attach additional pages):

10. How can we help you meet your needs?

I understand the above information is true and complete to the best of my knowledge and belief.

Your Signature:

Date:

Additional Information Page

Name:

Additional space to explain your situation in your own words:

Your Signature:

Date: