

Schenectady County Customer/Client Request for Reasonable Accommodation Form

It is the policy of Schenectady County not to discriminate on the basis of disability in admission to, access to, or operations of its programs, services and activities. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible.

The request should contain the location of the program, service, activity or facility where the accommodation is required and the type of accommodation.

Name _____

Address _____

Phone Number _____ (Day) _____ (Evening)

Type(s) of Disability(ies):

Speech Hearing Visual Mobility Mental/Emotional Other

Identify the accommodation(s) needed: _____

Address where accommodation is needed: _____

Please identify program, activity, service, or facility for which the accommodation is required. _____

Date accommodation needed: _____

Explain how the accommodation(s) will assist you (attach additional information or documentation as needed):

Accommodation requests will be evaluated and prioritized by the ADA office and ranked according to budget and scheduled projects.

Requestor's
Signature _____ **Date** _____

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What actions were taken in reviewing this request?

Was the request for reasonable accommodation granted? _____

If the request for accommodation was granted, please explain the nature of the accommodation and whether it was a modification of the original request.

If the request cannot be granted, then submit a completed Evaluation Summary Report

Director's Signature _____ **Date** _____

Requestor's Signature _____ **Date** _____

Accepted Declined

Comments: _____

