



Reasonable Accommodation Form

Requester Information:

Date: _____

First Name: _____ Last Name: _____

Address Line: _____

Phone Number: _____

Email Address: _____

Preferred contact Method: Phone Email Mail

Are you filing in this form on your own behalf? Yes No

If not, provide the name of and relationship with the individual:

Name of Individual: _____ Relationship: _____

Explain why you have third party by filing the form for you:

Eligibility Confirmation Statement:

Statement confirming that the individual has a disability as defined by the ADA.

Example: I have physical or mental impairment that substantially limits one or more major life activities.

Statement:

Description of the Accommodation Requested:

Clearly describe the specific service modification or accommodation being requested, including where and when the modification is needed.

Description:

Reason for the Request:

A brief explanation of how the requested accommodation is necessary due to a disability.

Explanation:

Supporting Documentation (if applicable):

Are you able to utilize the service without accommodation?

Yes No

Signature and Date:

Applicant's Signature: _____

Alternate's Signature (if applicable): _____

Date of Submission: _____

Contact for Assistance:

If you need help completing this form, or need it in an alternative format (e.g., Braille, large print), please contact Assistant Director of Administration at 218-735-6814 or colette.hanson@aeoa.org

Agency Use Section:

Date Received: _____

Staff Reviewer: _____

Decision Made: _____

Date Respond: _____

Reason for Decision (attached): _____

Privacy Statement:

All information provided will be kept confidential and used only to evaluate your request for reasonable accommodation under the ADA.