



CONFIDENTIAL

FORMAL REQUEST FOR ACCOMMODATION

The Americans with Disabilities Act (ADA), as amended requires your request for accommodations to be confidential. If you have any questions or concerns regarding this form, contact the Human Resources Department or RFYP Executive Director.

Date:

Name:

Email:

Address:

Home/Cell phone:

I am requesting a reasonable accommodation in the following area: (Please circle all that apply)

- Employment/Personnel
- Residential Services
- Day Programming

Please indicate your role: (Please circle all that apply)

- RFYP Member
- Guardian/Parent
- Employee
- Case Manager
- Other

Please indicate what category in which you are requesting a reasonable accommodation: (Please circle all that apply)

- Architecture
- Environment
- Attitude
- Financial
- Employment
- Communication
- Community Integration
- Technology
- Transportation

1. Please describe the issue for which you are requesting a reasonable accommodation?

2. Does the medical condition, injury or disability substantially limit a major life activity? Please describe. Major life activities include walking, speaking, breathing, hearing, seeing, thinking sitting, standing, reaching, interactivity with others, learning, etc.

3. Is the impairment temporary or long term? If temporary, how long is the impairment expected to last?

4. Have you had an accommodation in the past for this impairment? Was this accommodation effective?

5. Please describe the accessibility accommodation you are requesting.

The statements above are complete, accurate, and true to the best of my knowledge.

SIGNATURE OF EMPLOYEE

DATE

Date Received by HR/Executive Director:

RFYP Actions To Be Taken:

Timeline for Completion:

Signature _____

Date _____