



Clark County Americans with Disabilities Act Compliance Office

Disability Accommodation Request Form Clark County Programs, Services and Activities Section 504 – Federally Funded Programs

Purpose: The Reasonable Accommodation Request form is designed to provide a means of reviewing accommodations and/or access requests of a covered individual. Accommodations are determined on a case-by-case basis. Please note that Clark County has the right to provide the type of accommodation that meets specific needs and may request medical information if needed.

General Information: If you are completing this form for another individual or a dependant please provide your name, address and phone number in this section.

Name: _____
Address: _____
Phone: _____

My impairment is:

Name:	Work Phone:
Street Address:	Home or Cell Phone
City, State, Zip Code	Email:

Identify Name and Location of Program, Service or Activity Where You Need Reasonable Accommodation

1. Describe how your condition limits your ability to participate in this program, service or activity. Be specific about how the condition impairs your ability.

2. What kind of accommodation/access are you requesting?



3. Explain how the accommodation you are requesting will enable you to participate in this program, service or activity.

4. Are you aware of available resources to assist with your request? If known, include the names, addresses and phone numbers of vendors and the model number and approximate cost of any equipment requested.

5. Is there any other information that would help us evaluate your request?

Note: Under the ADA and WLAD when an individual qualifies for reasonable accommodation the service provider is free to choose among effective accommodations and may choose one that is less expensive or easier to provide. A medical examination may be required to determine if an individual has a covered disability and is entitled to accommodation, and if so, to help identify an effective accommodation.

Signature: _____

Date: _____

Request Determination

Accommodation Request is: Approved Denied Modified

If modified, describe modification and rationale. If denied, state rationale.

Decision by: (Print)

Cost of accommodation Estimate Actual

Signature:

Date:

