**Request for Accommodation**

**Client and Other Stakeholder**

1. **What type of accommodation are you requesting?**

|  |  |  |
| --- | --- | --- |
| **Type of Accommodation** | **Barrier Description** | **Mark “X” is requested** |
| 1. **Architecture**
 | *Examples include lack of ADA physical site compliance, lighting, signs in Braille when appropriate* |  |
| Describe barrier if “X” marked |  |
| 1. **Environment**
 | *Examples include lack of safety considerations, confidentiality, noise control, appropriate/comfortable furnishings* |  |
| Describe barrier if “X” marked  |  |
| 1. **Attitudes**
 | *Examples include lack of person-first language, fair treatment, input from persons served utilized, inclusive practices, non-stigmatizing treatment/language* |  |
| Describe barrier if “X” marked  |  |
| 1. **Finances**
 | *Examples include lack of sliding fee scales, payment options* |  |
| Describe barrier if “X” marked  |  |
| 1. **Employment**
 | *Examples include lack of ADA compliance, DOL compliance* |  |
| Describe barrier if “X” marked  |  |
| 1. **Communication**
 | *Examples include lack of use of TDD phone services, materials in languages or formats understood by persons served* |  |
| Describe barrier if “X” marked  |  |
| 1. **Technology**
 | *Examples include lack of training for usage, access to devices when appropriate, access to virtual/telehealth services* |  |
| Describe barrier if “X” marked  |  |
| 1. **Transportation**
 | *Examples include lack of wheel-chair accessible vehicles, access to public transportation resources* |  |
| Describe barrier if “X” marked  |  |
| 1. **Community Integration**
 | *Examples include lack of wheel-chair accessible sidewalks in community, adaptive sports programs in community* |  |
| Describe barrier if “X” marked  |  |
| 1. **Other**
 | *Any other barriers identified by persons served, personnel, or other stakeholders* |  |
| Describe barrier if “X” marked  |  |

1. **Which Arrowleaf location(s) is this accommodation being requested? (Circle all that apply)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alexander County Office | Johnson County Office – Vine | Johnson County Office – Oliver | Pope County Office | Hardin CountyOffice | Closed File Storage | Johnson County Developmental Services | PopeCounty Developmental Services | Ozark House |
| Legacy House | Heritage House | Garden Apartments | Autumn Ridge | Elizabethtown House | Ohio River House | River’s Landing | HilltopHouse | Community, describe: |

1. **If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?**

(Circle one) Yes No If yes, please explain.

1. **Is your accommodation request time sensitive?**

(Circle one) Yes No If yes, please explain.

1. **If you are requesting a specific accommodation, how will that accommodation assist you?**
2. **Please provide any additional information that may be useful in processing your accommodation request.**

**Requesting Party**

Name of Client or Stakeholder: Date Submitted:

Address: Phone:

**Reviewing Party**

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| --- |
| *Reviewer 1: Clinician or Supervisor Level* |
| Date Received: | By: | Title: |
| Comments: |
| *Reviewer 2: Supervisor or Director Level* |
| Date Received: | By: | Title: |
| Comments: |
| *Reviewer 3: Decision* *CEO or Designated Authority* |
| Date Received: | By: | Title: |
| Decision Summary: |
| Notification of Decision Comments: |