

AMERICAN'S WITH DISABILITIES ACT (ADA) ACCOMMODATION REQUEST FORM

Name:	Date of Request:
Use additional sheet(s) if necessary	Number of Attachments:
Section I	
What specific accommodation are you requesting?	
If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain.	
Is your accommodation request time sensitive? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain.	
Section II	
What, if any, functions are you having difficulty performing?	
What limitation is interfering with your ability to perform this function?	

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ACCOMMODATION REQUEST FORM

Have you had any accommodations in the past for this same limitation? Yes ☐ No ☐

If yes, what were they, and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

Section III

Please provide any additional information that might be useful in processing your accommodation request:

Signature

Date

Print

Return this form to:
Region Ten Community Services Board
Compliance Office
500 old Lynchburg Road
Charlottesville, VA 22903

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