

<b>REQUEST FOR ACCOMMODATION</b> Youth Services	Facility:
	Division:

**SECTION: 1 – Requestor**

Complete Sections 1, 2, and 3. Please PRINT all information. Return the completed request to the Unit ADA Coordinator.

TO: (Facility/Office/Unit Head)	Date: (Month/Day/Year)
Requestor:	ID#
Address:	
Requestor: (Check only one)	
Employee _____	Other _____ (Briefly Identify)

**SECTION 2: - Request is for what Area? Check only One.**

_____ Personal Disability Accommodation	_____ Structural Accessibility
_____ Program Participation	_____ Other - Specify

**SECTION 3: - Briefly state the problem and the proposed solution – Use additional pages as needed.**

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**RESPONSE TO REQUEST**

Date Received: (Month/Day/Year)	_____ Approved	_____ Modified	_____ Disapproved
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Comments:

AUTHORIZATION:	Date: (Month/Day/Year)
RFA Number – Assigned by ADA Coordinator	Entered/Logged Into Master File (Date) _____ Copy sent to YS ADA Coordinator (Date) _____