

<b>YOUTH REQUEST FOR ACCOMMODATION</b> Youth Services	Facility:
	Regional Office:
<b>SECTION: 1 – Requestor</b> Complete Sections 1, 2, and 3. Please PRINT all information. Return the completed request to the Facility Director/Regional Manager.	
TO: (Facility Director/Regional Manager)	Date: (Month/Day/Year)
Youth Name:	Client ID#
Address:	
Requestor: (Check only one) <div style="text-align: center;">             Youth _____              (Briefly Identify)         </div>	

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

<input type="checkbox"/> Personal Disability Accommodation	<input type="checkbox"/> Structural Accessibility
<input type="checkbox"/> Program Participation	<input type="checkbox"/> Other - Specify

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

**RESPONSE TO REQUEST**

Date Received: (Month/Day/Year)	<input type="checkbox"/> Approved	<input type="checkbox"/> Modified	<input type="checkbox"/> Disapproved
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) _____		