



DHR CUSTOMER REQUEST FOR REASONABLE ACCOMMODATION/ASSISTANCE

Name of Customer Needing Assistance: _____

Location: _____ Caseworker: _____

Telephone: (h) _____ (m) _____

Email Address: _____

Address: _____

No., Apt., Street

City, State, Zip Code

My disability or limitation(s) is/are: _____

My disability limits me from performing the following activities: _____

I am requesting the following accommodations/assistance: _____

Benefit(s) Requested: _____

Customer Signature: _____ Date: _____

Print Name: _____

For Office Use Only

Date Request Received: _____

Action Taken: _____

ADA Field Coordinator's Signature: _____ Date: _____