

Accommodation Reimbursement Fund Training Guide

This training guide is organized to help you navigate your way through the application process. Use the application checklist to ensure that you have everything you need to complete the application. The section following the checklist provides further information regarding the different fields in the application form.

Application Checklist

- ☐ Signed employee consent form
- ☐ Receipts/invoices detailing accommodation expenses
- ☐ If the accommodation was made for a job applicant, a hiring decision must be made before submitting your application
- ☐ Cost of accommodation not eligible for reimbursement from workers' compensation, private insurance, etc. (See "Other funding sources" section below for more information)
- ☐ Application form completed and submitted

After completing the application process, an email will be sent to the address provided on the application within 48 hours. This email will acknowledge the receipt of your application, as well as outlining what you can expect as you progress through the application process.

Application Form

State Agency

The Fund is available only to agencies within the executive branch. Please [contact Fund staff](#) if you believe that your agency was omitted from this list in error.

Type of Accommodation

The founding legislation for the Fund ([MN 16B.4805](#)) details what types of accommodations are eligible for reimbursement. Use the guide below to determine the category to which your accommodation belongs for question 4 which reads: "Please select the type of accommodation for which you are seeking reimbursement."

- If a job applicant requested the accommodation, then the costs are eligible for reimbursement. Select the “Any expenses for a job applicant” option.
- If a current employee requested the accommodation, to be eligible for reimbursement, the accommodation(s) must:
 - Be provided on a periodic or ongoing basis (e.g., sign language interpreters for monthly staff meetings), in which case, select the second option, “Periodic or ongoing services for a state employee”; OR
 - Be provided on a one-time basis and total more than \$500 for a single employee during a fiscal year (e.g., Braille keyboard for \$450 plus a handheld Braille labeler for \$60), in which case, select the third option, “One-time expenses for state employees that total more than \$500 in a fiscal year”; OR
 - Consist of both periodic or ongoing expenses AND one-time expenses for a single employee. Both the ongoing and the one-time expense must total more than \$500 during a fiscal year, in which case, select the fourth option, “Combination of periodic services and one-time expenses in a fiscal year.”

Employment Outcome

If a job applicant requested the accommodation, indicate whether or not the applicant was hired to fill the position. Please note that you must make a hiring decision before submitting your reimbursement application. If a current employee requested the accommodation, then the answer to this question should be Does Not Apply.

Invoice Upload

Please upload a pdf file of all invoices related to your application that clearly outlines the cost of the accommodations. If the amount indicated on the invoice differs from the amount you are requesting, please indicate the reason for the difference on the invoice. These invoices should have the names of employees who received the accommodation redacted and invoices should be labeled with the applicant number from your request.

Other Funding Sources

You are asked to confirm that the cost of the accommodation cannot be refunded via other funding sources, such as workers’ compensation, private insurance, etc. Although the Fund is designed to reimburse costs related to providing reasonable accommodations, it is not meant to replace existing funding

sources. To be clear, an agency's budget is not considered an existing funding source; if accommodation costs were historically absorbed by an agency's budget, these costs are now eligible for reimbursement through the Fund.

Accommodation Agreement

Please indicate whether or not there is a written accommodation agreement that exists between the employee who requested the accommodation and the employing agency. A copy of the accommodation agreement form can be found on [MMB's Reasonable Accommodation page](#). You will not share the agreement with us. This agreement should be kept with your employee files.

Other Information

Definition of Reasonable Accommodation

A reasonable accommodation is defined as "step(s) which must be taken to accommodate the known physical or mental limitations of a qualified disabled person" ([MN 363A.08](#)). Some examples include job restructuring, modification of work schedules, acquisition or modification of equipment, and the provision of aides.

Still have questions?

Please contact Accommodation Fund staff at AccommodationFund@state.mn.us.