

\_\_\_\_\_ (Agency)  
**Americans with Disabilities Act (“ADA”) Title II (non-employee)  
Reasonable Accommodation/Modification in Public Services, Programs or Activities  
Request Form**

The \_\_\_\_\_ (Agency) is committed to complying with the Americans with Disabilities Act (“ADA”) and the Minnesota Human Rights Act (“MHRA”). The ADA Coordinator/Designee will review each request on an individualized, case-by-case, basis to determine whether an accommodation or modification can be made. **Please do NOT send copies of medical records. The Agency is not authorized to have medical records and is not qualified to interpret medical records.**

**General Information**

Date of Request: \_\_\_\_\_

**Person needing accommodation/modification**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person making request (if different from person needing accommodation/modification)**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to person needing accommodation/modification: \_\_\_\_\_

**Accommodation Information**

Date accommodation/modification is needed: \_\_\_\_\_

Address and/or room of accommodation/modification: \_\_\_\_\_

Type of accommodation/modification requested (please be specific):

How would you like to be notified of the status of your request?

Phone      Email      Writing      Other (specify): \_\_\_\_\_

If someone else has completed this form on your behalf and you want that person to be notified of the status of your request, please initial here: \_\_\_\_\_

All requests for accommodation/modification will be evaluated individually and a response to your request will be provided within one week of receipt.

Check this box to sign this request form electronically:

By checking this box, I agree my electronic signature is the legal equivalent of my signature.

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**  
**RESPONSE TO REQUEST FOR ACCOMMODATION/MODIFICATION**

Date request received: \_\_\_\_\_

The request for accommodation/modification is **GRANTED**. Below is a description of the accommodation/modification:

The request for accommodation/modification is **DENIED** because:

The requester does not meet the essential eligibility requirements or qualifications for the program, service, or activity, without regard to disability.

The requested accommodation/modification would impose an undue burden on the agency; and/or

The requested accommodation/modification would fundamentally alter the nature of the service, program, or activity.

Requester notified on: (date) \_\_\_\_\_ via: \_\_\_\_\_

Additional notes:

ADA Coordinator:

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_