MINNESOTA

Office of Administrative Hearings

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_____