



Accommodation Request Form

Date: _____ Staff Name: _____

Customer Name: _____

Phone/TTY (Circle One) _____ Message Number _____

Address: _____

Has customer **registered** or **applied** for any WIOA or partner program?

Registered

Applicant

Neither

Name of program _____

***Note to Customer: Staff will begin working on this request within 24 hours and will contact the customer within 5 business days.**

Accommodation request: _____

Please note the **goal** of visit. What specific challenges is the customer facing? What has been offered? What accommodation has worked in the past? (Attach additional paper if needed) _____

Request for Interpreter/Translator: Type **ASL**

Language

Event requesting Interpreter/Translator:

| _____ | _____ | _____ | _____ | _____ |
|---------------|-------|------------|----------|-------------|
| Name of Event | Date | Start time | End time | Total hours |

Complete this form and return to DRC to make arrangements.

***Equal Opportunity Employer/Program. Auxiliary aides and services are available upon request to persons with disabilities.**

Accessibility Protocol

Receiving a request:

Listen for requests. Customers may not specifically say, “ I need an accommodation.” The request may be in more simple language such as “I can’t XYZ, I need help.”

If it is apparent that the request is due to disability, make no inquiry about disability.

Helping the customer determine what type of accommodation may be needed:

Ask the following questions to gain more information:

What specific task are you trying to accomplish today?

What limitation or challenges are you experiencing?

Have you ever been in this situation before? What worked?

What other ways can we assist you today?

Providing readily available accommodations (Accommodations Menu)

Set up the Assistive Technology for the customers to access, and provide simple demonstration if the customer is not familiar with the tool.

If you don’t know how to provide the request, contact DRC or Manager.

Schedule a follow up appointment with the job seeker if none of the members are available.

Providing accommodations that are readily available:

Determine if a readily available alternative may accomplish the same objective.

If **yes**, follow up and find out if the substitute accommodation was effective.

If **no**, complete an accommodation request form. Fill out all data fields.

Instructions are on the form.

Inform the customer of the time needed to provide the request.

Submit the Accommodation Request form **ATTN: DRC**

Note: _

Excellent Customer Service should always be the goal when accommodating customers. The customer is usually the best resource available in determining what is needed. Customer confidentiality should always be respected throughout the process.

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