

REASONABLE ACCOMMODATION REQUEST FORM

INSTRUCTIONS: Clients must complete Section I and submit this form along with supporting documentation to the Program/Facility Director, or functional equivalent ("Director"). Any Director receiving a completed form with appropriate medical documentation must complete Section II, return a copy to the client, and immediately transmit by facsimile the request and supporting documents to the appropriate Program Administrator, and the Office of Diversity & Equal Opportunity Affairs.

Section I: (This section must be completed by the client.)

Name: _____

Address/Facility/Program: _____

Social Security #: _____ Telephone: _____

Describe the Accommodation Requested (attach additional sheets and supporting documentation as appropriate).

Section II: (To be completed by the Director or his/her designee.)

Name/Title: _____

Facility/Program: _____

Address: _____

Telephone: _____ Date Received: _____

Signature: _____

After completing this section, the Director must give a copy of this form to the client and immediately fax the request to the appropriate Program Administrator, Program Analyst and the Office of Diversity & Equal Opportunity Affairs, 33 Beaver Street, New York, New York 10004/Tel. 212-361-7914/ Fax. 212.361.7915/ eo@dhs.nyc.gov.



