

## 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).**

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**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](mailto:eo@dhs.nyc.gov).**

**Section III: (To be completed by the Program Administrator or his/her designee.)**

Name/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_



