

**ADA Reasonable Accommodation Request Form**  
**Confidential**

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**Section 1: Individual Information**

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

PhoneNumber: \_\_\_\_\_ Date accommodation needed: \_\_\_\_\_

Program/Event: \_\_\_\_\_ Location: \_\_\_\_\_

Preferred method of contact:  Email  Phone  Other: \_\_\_\_\_

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**Section 2: Nature of Request**

- Event/program access modification       Event/program access accommodation  
 Other: \_\_\_\_\_

**Section 3: Functional Limitation**

You are not required to disclose your diagnosis. Please describe how your condition limits a major life activity or affects your access to SABER's program/services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Major life activity impacted (if known):

- Walking     Standing     Lifting     Concentrating     Seeing     Hearing  
 Communicating     Working     Learning     Other: \_\_\_\_\_

**Section 4: Requested Accommodation and Documentation Acknowledgment**

Please describe the accommodation(s) you are requesting:

\_\_\_\_\_  
\_\_\_\_\_

If known, explain how the requested accommodation will assist you in accessing SABER's programs/activities:

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Medical documentation may be requested if the disability and/or need for accommodation is not readily apparent. Please check the box if you can provide supporting medical documentation, if requested.

### Section 5: Interactive Process Acknowledgment

I understand that the organization will engage in an interactive process to determine an appropriate reasonable accommodation and that alternative accommodations may be considered.

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

#### For Office Use Only

Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Additional Documentation Requested:  Yes  No

Interactive Process Meeting Date(s): \_\_\_\_\_

Accommodation Approved:  Yes  No Accommodation(s): \_\_\_\_\_

If Denied, Reason:

Undue hardship  Fundamental alteration  Insufficient documentation  Not disability-related  Other: \_\_\_\_\_ Implementation Date: \_\_\_\_\_