



Request for Reasonable Accommodation

If you have a physical or mental health problem or disability and need a change in a rule, policy, procedure or service to obtain or enjoy the goods, services, facilities, privileges, advantages or accommodations that are provided at or by the Community, please complete this request and return it to the Community's front desk or to a staff member. Staff or another individual may provide assistance if you are unable to complete the form yourself or you may request an alternative format or communication support that is accessible to you.

Name: _____

Date: _____

I am requesting the following accommodation:

Auxiliary aids and services for effective communication (please specify):

A change in policy, practice or procedure (please specify):

A physical change or modification of the premises (please specify):

Other (please specify):

You may be asked to allow us to verify the need for accommodation. If so, the information we obtain will be maintained confidentially and used solely to determine that the accommodation is needed.

Upon receiving this request, Community staff will contact you to establish an interactive communication plan to obtain additional information and discuss ways to meet your needs.