

Client / Visitor Request for Accommodations / Modifications

Section 1. Requestor Information	
Last Name	First Name
Name of Person Requesting, if different	Email
Telephone Number (include area code)	Other Contact Preference, please specify
Mailing Address	
Section 2. Specify the DSHS program, service, or activity for which you are requesting an accommodation or program modification.	
Section 3. Accommodation Information	
a. Please describe the impairment(s) for which you are requesting an accommodation:	
b. What specific accommodation are you requesting? In one or two sentences or a few phrases, explain why this accommodation is necessary for you to equally participate in the DSHS service, program, or activity:	
c. Any additional information:	
Section 4. Signature	
Signature	Date

Instructions for Accommodations or Program Modifications

The Washington State Department of Social and Health Services (DSHS) is committed to providing equal opportunity for persons with disabilities in order to allow individuals to participate fully in DSHS services, programs, activities, meetings, and events.

Under the Americans with Disabilities Act of 1990 (ADA) (42 U.S.C. §§ 12101-12213) (including the ADA Amendments Act of 2008), the Washington Law Against Discrimination (RCW 49.60 et seq.), or other similar local, state, or federal laws, DSHS will make reasonable accommodations when appropriate unless doing so would fundamentally alter the nature of the service, program, or activity, or result in undue financial or administrative burdens.

Please read instructions before filling out form.

Do not use this form for accommodations related to applications for employment or if you are a current DSHS employee. Visit our human resources intake website at:

<https://www.dshs.wa.gov/office-of-the-secretary/human-resources-division> for more information on requesting accommodations for employment applications or <https://stateofwa.sharepoint.com/sites/DSHS-EXE-HR/SitePages/Reasonable-Accommodation.aspx> for current DSHS employee reasonable accommodation requests.

This form is provided for your convenience and **is not required**. You may make your request in an alternative format including, but not limited to, email, phone, mail, fax or in person at a DSHS location.

First download the form to your local computer. Open the form using Adobe Acrobat or Acrobat Reader. If using a browser, such as Chrome, or other pdf reader, to complete the form, the Submit Form button may not work. In that case, simply email the form to ADACoordinator@dshs.wa.gov. If you need assistance or have questions regarding filling out the form, please email ADACoordinator@dshs.wa.gov or call (564) 201-0718.

Some or all information submitted on the request form may constitute a public record. **Please do not submit confidential health or medical records with your request form.** The DSHS may require additional information about the qualifying disability to help assess the appropriate accommodation. Medical and health information submitted in connection with a request will be held confidential by the DSHS and may be available only to an Accommodation Coordinator, or designees, its agents, and those who have authority to make decisions about accommodation requests.