



Punjabi Community Health Services

Appendix A - Request for Reasonable Accommodation Form

1. Date: _____

2. Name of Person Requesting: _____

Address: _____ Phone No.: _____
(Mailing Address) (Area Code, Phone Number)

_____ E-mail: _____
(City, Province, Postal Code)

3. I am participating in a proceeding/activity as a (check all that apply):

- Client Caregiver Personnel
 Other (*please specify*) _____

4. List all known dates/times the accommodation(s) are needed (specify):

5. Why is an accommodation needed?

6. What accommodation would you like?

7. Please provide any information that would help PCHS to respond to your request. Please describe the nature of all supporting documentation attached.

8. How do you want to be informed of the status of your request for accommodation?

- Phone Writing E-mail in person Other (specify):

_____ ▶ _____
(Signature of Person Requesting)



Punjabi Community Health Services

Appendix B

Review and Action by Punjabi Community Health Services

(For PCHS Use Only-Copy of completed form should be maintained for future reference.)

Request No.: _____
(Sequential Number)

Reasonable Accommodation Request Form received: _____
(Date)

Additional information requested: _____
(Date)

Additional information received: _____
(Date)

Requested Accommodation Denied: _____
(Date)

Fails to satisfy the required documentation (specify):

Create an undue burden on program/ activity

Permitting the applicant to participate in the program/activity with the requested accommodation creates a direct threat to the safety or well-being of the person requesting or others

Any Other

Requested Accommodation Granted: _____
(Date)



Punjabi Community Health Services

In whole

In part (*specify*)

Alternative (*specify*)

Dates accommodation will be provided:

Person requesting accommodation notified on:

(*Date*)

Notification achieved via:

Phone Writing E-mail In person Other (*specify*):

Date: _____ ▶ _____

(*Signature of Official*)

(*Type or Print Name of Official*)