

Punjabi Community Health Services

ASPIRE	
Section: Accessibility	
Subject: Request for Reasonable Accommodation	
CARF Ref: ASPIRE- Section 1.L.3	
Last Review/ Revision: April 2024	Next Review: April 2025
Scope: Persons Served, Personnel, Volunteers, Students and Stakeholders (as applicable)	Page: 1 of 5
Approved By: Amandeep Kaur, Chief Executive Officer	

1.0 Purpose:

If you believe you may need an accommodation to fully participate in a particular program or activity, [or to perform your job/volunteer responsibilities](#) you may request a reasonable accommodation.

2.0 Policy and Procedure:

A. For Clients/Persons Served: -

- a. Complete the **Request for Reasonable Accommodation Form** and return to the Reception Desk /email at info@pchs4u.com with your request, with any and all supporting documentation regarding the need for an accommodation. If any assistance is required in completing this form, contact the PCHS Reception Desk at

Malton and Brampton Office: 905.677.0889

- b. You may be required to provide additional information for *PCHS* to properly evaluate your reasonable accommodation request. ***Medical and other health information submitted with the form shall not be made public or shared with anyone outside the department, except PCHS, unless authorized by law.***
- c. Accommodation requests are granted to any person with a disability for whom such accommodation is reasonable and necessary under the Accessibility for Ontarians with Disabilities Act (AODA) 2005 or other applicable laws. A request will be granted unless:

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- It is impractical for PCHS to provide the requested accommodation on the date of the program/activity; and the program/activity cannot be continued without prejudice to applicant.
Or,
- Given the nature of the request, supporting documentation is not provided regarding the need for accommodation.

B. For Personnel, Volunteers, Students and Stakeholders, as applicable

- a. Complete the **Request for Reasonable Accommodation Form** and return email to the supervisor with any and all supporting documentation regarding the need for an accommodation. If any assistance is required in completing the form, contact the respective supervisor.
- b. You may be required to provide additional information for *PCHS* to properly evaluate your reasonable accommodation request. ***Medical and other health information submitted with the form shall not be made public or shared with anyone outside the department, except PCHS, unless authorized by law.***
- d. Accommodation requests are granted to any person with a disability for whom such accommodation is reasonable and necessary under the Accessibility for Ontarians with Disabilities Act (AODA) 2005 or other applicable laws. A request will be granted unless:
 - It is impractical for PCHS to provide the requested accommodation on the date of the program/activity; and the program/activity cannot be continued without prejudice to applicant.
Or,
 - Given the nature of the request, supporting documentation is not provided regarding the need for the accommodation.

Time Duration:- Generally, seven to ten working days' advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be considered to the fullest extent possible.

For individuals with hearing impairment are advised that to increase the possibility of securing an appropriate interpreter in your locale, requests for interpreting services should be made **AT LEAST SEVEN TO TEN WORKING DAYS** prior to the scheduled appointment whenever possible. Requests made with less time will be accepted with the understanding that last minute requests may be very difficult to fill.

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3.0 Appendixes:

- Appendix A – Request for Reasonable Accommodation Form
- Appendix B – Review and Action by 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)

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

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?



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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)



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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



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Any Other

Requested Accommodation Granted: _____
(Date)

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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*)