

<b>ASPIRE</b>	
Section: Accessibility	
<b>Subject: Request for Reasonable Accommodation</b>	
CARF Ref: ASPIRE- Section 1.L.4	
Last Review/ Revision: March 2022	Next Review: March 2023
Scope: Persons Served, Personnel, Volunteers, Students and Stakeholders (as applicable)	Page: 1 of 5
Approved By: Baldev Mutta, Chief Executive Officer	

## **1.0 Purpose:**

If you believe you may need an accommodation to fully participate in a particular program or activity, you may request a reasonable accommodation.

## **2.0 Policy and Procedure:**

For a party to request a reasonable accommodation, please complete the **Request for Reasonable Accommodation Form** and return to the Reception Desk with your request for response to request, with any and all supporting documentation regarding the need for an accommodation. If you need assistance completing this form, contact the PCHS Reception Desk at:

Malton and Brampton Office: 905.677.0889 ext. 221

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.

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.***

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 Deaf and Hard of Hearing people, please be 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.

### **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)*

\_\_\_\_\_ 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):

Date: \_\_\_\_\_  \_\_\_\_\_  
*(Signature of Person Requesting)*

\_\_\_\_\_  
*(Print Name of Person Requesting)*

**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)*

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)*