



Request For Reasonable Accommodation

Reasonable Accommodation Procedure

1. **Request:** Clients, staff and contractors may request an accommodation verbally or in writing. Staff will offer assistance completing this form when needed. Completion of the form is not required to begin reviewing a request.
2. **Referral:** Staff receiving a request will document the date received and promptly forward it to the designated person responsible for reviewing client or employee accommodation requests.
3. **Review:** The designated reviewer will discuss the need and requested accommodation with the requester and consider effective alternatives when appropriate. Additional information will be requested only when necessary and permitted by law. If information is insufficient, the reviewer will explain what is needed and provide an opportunity to respond.
4. **Decision:** WIN will review requests promptly and provide a written decision identifying the approved accommodation or explaining the reasons for denial and any alternatives considered. If a delay occurs, WIN will explain the reason, provide an anticipated response date, and consider temporary measures when appropriate.
5. **Implementation and Follow-Up:** WIN will document who is responsible for implementing the approved accommodation, the implementation date, and follow-up with the requester to determine whether it is effective.
6. **Reconsideration:** A requester who disagrees with the decision may request reconsideration within 10 business days of receiving it. The written decision will identify whom to contact. Requesters may also use WIN's applicable complaint or grievance process.

WIN prohibits retaliation against anyone for requesting an accommodation.

Complete the form for the Official Request for Reasonable Accommodations.

Client/ Staff/Contractor Name		Date		Location	
Phone Number		Email			
Type of Accommodation Requested (Be as specific as possible, i.e. assistive technology, reader, schedule change)					
Reason for Request (if time sensitive, please explain)					

Confidentiality Statement

WIN uses information provided with this request to review, arrange, and evaluate reasonable accommodations. Information will be maintained securely and shared only as permitted or required by law. Staff responsible for implementing an accommodation will receive only the information needed to carry it out. Employee accommodation requests and supporting medical information will be maintained separately from regular personnel files.

RESOLUTION OF REASONABLE ACCOMMODATION REQUEST	
FOR OFFICE USE ONLY	
Accommodation	☐ Approved as Requested ☐ Approved but Different form Original Request * ☐ Denied
Describe Alternative Accommodations if applicable	
Alternative Accommodation	☐ Accepted ☐ Rejected
Reason for Denying Request for Accommodations (check all applicable boxes)	☐ Requestor does not have a Rehabilitation Act Disability ☐ Accommodation Ineffective ☐ Accommodation would cause hardship ☐ Medical documentation inadequate ☐ Accommodation would require removal of essential function ☐ Accommodation would require lowering performance or production standard ☐ Other _____
Provide detailed reason for the denial (Be specific, i.e. why accommodation would be ineffective or cause undue hardship)	
If the deciding official offered an accommodation that is different from the one originally requested, explain: a. Explain the reasons for the denial of the accommodation originally requested; and b. Why the alternative accommodation would be effective	
Director of Behavioral Health/ Human Resources Name	
Director of Behavioral Health/Human Resources Signature	
Date Reasonable Accommodation Denied/Approved	