



REQUEST FOR REASONABLE ACCOMMODATION

Reasonable accommodations do not confer special treatment or advantage for the person(s) requesting the accommodation. Rather they make the program fully accessible in a way that would otherwise not be possible for person(s) due to their disability.

I, _____, do hereby request HOM, Inc. to grant me a reasonable accommodation.

Accommodation Requested: _____

Are you disabled? Yes No

Is your request related to your disability? Yes No

How is your request related to your disability? _____

Applicant / Participant Signature _____ Date _____

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TO BE COMPLETED BY HOM, INC.

Accommodation is approved or disapproved

If disapproved, reason why: _____

HOM, Inc. Representative Signature _____ Date _____

