



ACCOMMODATION Request Form

Date: _____ Staff Name: _____

Customer Name: _____

Phone /VRS (Circle one) _____ Message Number: _____

Address: _____

Has Customer REGISTERED or APPLIED for any WIOA or partner program?:

☐ Registered ☐ Applicant ☐ Neither Name of Program: _____

*** Note to Customer: Staff will begin working on this request within 24 hours and will contact the customer within 5 business days, if immediate accommodation is not possible.**

Accommodation Request: _____

Please note the **goal** of visit? What specific challenges is the customer facing? What has been offered? What accommodation has worked in the past? (Attach additional paper if needed)

Follow-up outcome:

REQUEST FOR INTERPRETER / TRANSLATOR:

Type: ☐ ASL ☐ Language

Event requesting Interpreter/ Translator:

Name of the Event	Date	Start Time	End Time	Total Hours
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Complete this form and return to Administrative Secretary or WIOA Lead to make arrangements.

Equal Opportunity Employer/Program.

Auxiliary aids & services are available upon request to individuals with disabilities.

07/2026

Accessibility Protocol

Receiving a request:

- ☐ **I. Receiving a request:**
 - A. *Listen*** for requests. Customers may not specifically say, "I need an accommodation." The request may be in a more simple language such as "I can't do XYZ, I need help."
 - B.** Begin process by completing the Accommodation form using information gathered from steps II, III, and IV.
- ☐ **II. Helping the Customer determine what type of accommodation may be needed:**
 - A.** Example of possible questions to ask to gain more information when accommodating customers and completing accommodation form:
 - a.** What specific task are you trying to accomplish today?
 - b.** What limitation or challenges are you experiencing?
 - c.** Have you ever been in this situation before? What worked?
 - d.** What other ways can we assist you today?
- ☐ **III. Providing readily available accommodations:** (Accommodations Menu)
 - A.** Staff will provide access to Assistive Technology or needed accommodation.
 - B.** If you don't know how to provide the request, contact Administrative Secretary or WIOA Lead.
 - C.** Follow up with customer to ensure accommodation was effective and complete follow up portion of the accommodation form.
- ☐ **IV. Providing accommodations that are NOT readily available:**
 - A.** Determine if a readily available alternative may accomplish the same objective.
 - B. *If yes*,** follow up and find out if the substitute accommodation ***was*** effective.
 - C. *If no*,** complete an accommodation request form. Fill out all data fields. Instructions are on the form and inform the customer of the time needed to provide the request.
 - D.** Submit the Accommodation Request form ATTN: Administrative Secretary.
 - E.** Follow up outcome will be completed by Administrative Secretary.

Note

Excellent Customer Service should always be the goal when accommodating Customers. The Customer is usually the best resource available in determining what is needed. Customer confidentiality should always be respected throughout the process.