

ADA Title II Accommodation Request

COCL/COAB OFFICE

If you need assistance completing a Reasonable Accommodation Request Form, or would like to submit your request in another format, please contact Program Support Specialist Mandi Hood at 503-823-5149 or mandi.hood@portlandoregon.gov.

To request an accommodation that would allow you to reasonably access and benefit from City of Portland programs, services and activities, please complete this form. An accommodation may include:

1. A change/modification in the rules, policies, or procedures that would make it easier for you to take part in programs.
2. A change in the way we provide services, communicate with you, or provide you with information, including but not limited to providing appropriate auxiliary aids, services, qualified sign language interpreters, assistance, or other alternate communication formats.

Compliance Officer/Community Liaison and Community Oversight Advisory Board Contact Information

Please mail, email, fax, or deliver this form to:

Program Support Specialist Mandi Hood

Email: mandi.hood@portlandoregon.gov

Phone: 503-823-4159

Oregon Relay Service 711

Mailing Address: 525 NE Oregon Street, Suite 250
Portland, OR 97232

The City of Portland will not place a surcharge on an individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or for the reasonable modifications of policy.

The ADA does not require The City of Portland to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

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Request for Reasonable Accommodation or Modification

COAB/COCL INTAKE Form:

Date: _____

Contact Information:

Person Needing the Accommodation (print please):

Name: _____

Address: _____ City, State, ZIP: _____

Telephone: _____ Email: _____

Preferred Method of Contact: _____

Person Submitting request (if other than the person needing the accommodation)

Name: _____

Telephone: _____ Email: _____

Preferred Method of Contact: _____

Relationship to person needing accommodation: _____

Request:

If necessary, specify the policy, program, service or activity:

Modification:

What policy, procedure, practice needs change/modification? What are you asking to change and what do you need? (Please attach additional sheets as necessary)

Accommodation:

What is the accommodation, auxiliary aid and/or service you are requesting? Please describe you specific request. (Please attach additional sheets as necessary)

How will this accommodation assist you/what access or service will it provide? Please describe. (Please attach additional sheets as necessary)

If you would like to include additional information, please attach additional information to this form or write it here:

Signature of applicant: _____

Date _____

Thank You!

Please return this completed form to:

Program Support Specialist Mandi Hood

mandi.hood@portlandoregon.gov

503.823.5149

525 NE Oregon Street, Suite 250

Portland, OR 97232

Please submit your request as far in advance as possible, but preferably 3-5 days before a specific activity or needed date. Please note that some accommodations may take more time to coordinate.