OFFICE USE ONLY

DATE REQUEST RECIEVED: _____

DATE REQUEST COMPLETED: _____

BRAZOS COUNTY
ADA ACCOMMODATION REQUEST FORM

Instructions: The form was developed for use by individuals with disabilities who may require an accommodation in accordance with Title II of the Americans with Disabilities Act (ADA). Upon request for an accommodation, you are entitled to request the provision of certain assistance at no cost to you. If you have a disability and need an accommodation to participate in a service, program, or activity of Brazos County, complete and submit this form.

Requests should be directed to Brazos County ADA Coordinator – Risk Manager for response. If you have questions, or need assistance, or would like to make your request orally, please contact Brazos County ADA Coordinator – Risk Manager:

EMAIL: riskmanagement@brazoscountytx.gov
TELEPHONE: (979)-361-4246

MAIL: ADA Coordinator – Risk Manager
200 S. Texas Avenue, Suite 264
Bryan, Texas 77803

NOTE: All request for accommodation should be submitted **no later than 96 hours prior to the need** for the accommodation to better enable Brazos County to address the needs of the individual.

SECTION I I: For Completion by the Requesting Individual (or Representative on Behalf of the Requesting Individual).

1.) **Date of Request** : _____

2.) **Name (please print legibly):** _____

3.) **Contact Email / Phone** :_____

4.) **Mailing Address** : _____

5.) **Preferred method of contact** : ☐ Email ☐Phone ☐Regular Mail

6.) **Nature of the Disability that Necessitates Accommodation** :_____

_____

7.) **Accommodation(s) Requested** :

☐ American Sign Language (ASL) interpreter

☐ Closed captioning / video-text display.
☐ Assistive listening device
☐ Large print materials
☐ Materials in electronic format
☐ Wheelchair space / accessibility
☐ Physical assistance for guidance
☐ Breaks for medical reasons.
☐ Appearance by video conference or telephone
☐ Other (please be as specific as possible):

_____

_____

_____

_____

NOTE: If the individual has a disability that is not obvious, or when it is not readily apparent how a requested accommodation relates to an individual's impairment, it may be necessary for the ADA Coordinator to request additional information and/or require the individual to provide documentation from a qualified health care provider or for Brazos County to evaluate the accommodations request fully and fairly. Such information requests will be limited to information or documentation that (a) establishes the existence of a disability; (b) identifies the individual's functional limitations; and/or (c) describes how the requested accommodation addresses those limitations.

8.) Date(s), Location, and Duration of Requested Accommodation(s) :_____

_____

9.) Additional Information, Special Requests, or Anticipated Problems (please be as specific as possible): _____

_____

_____

Signature :_____ **Date**:_____

***SECTION I II: For Completion only by Brazos County ADA Coordinator – Risk Manager**

Name of ADA Coordinator – Risk Manager :_____

☐ The request is **GRANTED**. Brazos County will provide the accommodation(s) requested:

☐ In **WHOLE**

☐ In **PART** as follows (specify):

_____

_____

☐ Alternative accommodation(s) were offered to the requesting individual and were:

☐ **Accepted**, as follows (specify):_____

☐ **Declined**, as follows (specify):_____

☐ The request is **DENIED** because:

☐ Based on the information provided, it appears the individual does not have a disability as defined by the ADA.

☐ The requested accommodations(s) do not directly correlate to functional limitations.

☐ The request does not relate to a service, program, or activity of Brazos County (e.g., transportation to/from Brazos County, legal representation, attendant care or medical services, personal devices such as wheelchairs, hearing aids, etc.)

☐ The request would result in an undue financial or administrative burden to Brazos County.

☐ The request would result in a fundamental alteration in the nature of the service, program, or activity of Brazos County.

Additional Information: _____

_____

_____

ADA Coordinator Signature : _____ **Date**:_____