

**PART A**  
To be completed by requestor



**LWIA #51 Request for  
Reasonable Accommodation Form**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ (Daytime) \_\_\_\_\_ (Evening)

Type(s) of Disability(ies):

Speech     Hearing     Visual     Mobility     Mental/Emotional     Other

Nature and/or cause of Disability: \_\_\_\_\_

\_\_\_\_\_

**Please indicate the aid, benefit, or services, including core, intensive, and/or supportive services or facility for which the accommodation is needed:**

Identify the accommodation(s) needed. \_\_\_\_\_

\_\_\_\_\_

Explain how the accommodation(s) will assist you. \_\_\_\_\_

\_\_\_\_\_

Identify the source and cost (if known) for providing the accommodation(s) \_\_\_\_\_

\_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's Signature \_\_\_\_\_