

14CR004E-001

OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Request for Reasonable Accommodation

Client or Applicant for Services



Please Print

Name of Client or Applicant: _____

Case Number: _____

Social Security Number: _____

Address: _____

Telephone (work): _____ (home): _____

List the DHS services you are requesting or currently receiving that require this accommodation:

Disability to be accommodated:

Requested Accommodation:

Is medical documentation attached? Yes No

If no, give reason:

Employee Signature

Date

ADA Coordinator Signature

Date

Division Administrator, Associate Director, Area Director Signature

Date

Return Original To: Office for Civil Rights

Oklahoma City, OK 73125-9975