

Massachusetts AmeriCorps Programs Reasonable Accommodation Request Form

Please answer all questions with the assistance of the person requesting the reasonable accommodation. The individual requesting the accommodation needs to play an integral part in this process. Alternate formats will be made available upon request. *(Complete both sides.)*

1. Background Information

Name of Program _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Title: _____

Program receives funding as a (check one):

State Competitive National Direct State Formula

2. Status of Person Requesting Reasonable Accommodation

Applicant for AmeriCorps slot Current AmeriCorps Member

Please describe the requested reasonable accommodation and how it will allow the individual to participate in the recruitment process, perform the essential functions of the service position, or ensure that the AmeriCorps applicant/member with a disability has the same rights and privileges as applicants/members without disabilities.

3. Type of Accommodation Requested

Will the requested accommodation require a permanent modification to facilities used by your program? yes no

4. Funding Requests for Reasonable Accommodations

A. Are Massachusetts Service Alliance disability accommodation funds being requested to provide the reasonable accommodation? Yes No

B. Estimated amount of MSA funds requested: _____

C. Estimated cost of the proposed reasonable accommodation (check one):

Less than \$50 \$50-\$100 \$101-\$500 \$501-\$1000 Over \$1000

D. Please identify any alternative funding sources (in addition to MSA disability funds), or cost sharing by your program for the reasonable accommodation requested.

Source of Funds or Cost Share

Amount Contributed

E. If MSA disability funds are not able to provide full funding for this request, do you need help to identify possible alternative funding sources? Yes No

F. Will more than one person benefit from the reasonable accommodation funding?

Yes No

If yes, please describe how. _____

Program Director's Signature

Date

Please email, mail or fax completed form to:

Naomi Weiner
Massachusetts Service Alliance
100 N. Washington Street, 3rd floor
Boston, MA 02114
Voice: 617-542-2544, ext. 218
Fax: 617-542-0240