



REASONABLE ACCOMMODATION REQUEST FORM

PROGRAM INFORMATION

Program Name	
Contact Person	
Street Address City, State, Zip	
Phone/Fax:	

STATUS OF INDIVIDUAL WITH A DISABILITY

- Applicant for an AmeriCorps position
- Current AmeriCorps member
- AmeriCorps Program staff member

PRIMARY SERVICE ENVIRONMENT (check all that apply):

- Office
- Home
- Educational institution
- Outdoor facility
- Other: _____

Please identify the reasonable accommodation(s) to be provided and the essential service functions it will enable the individual to perform:

Describe the role the individual with a disability has had in the identification of barriers and possible solutions, and in the consideration of other accommodation option.



REQUEST FOR FUNDS

Provide a detailed itemization of costs including total amount of funds being requested below:

Costs(List out all):

Total Amount:

COST SHARING

Has the program considered cost-sharing with other programs/or host agency?

- Yes
 No

If yes, please describe below:

EFFECTIVENESS

Please explain what measures will be used to determine if the reasonable accommodation(s) was effective for the individual with a disability?

How will the effectiveness be measured for funds spent on technical assistance/equipment or outreach activities?

Program Staff Signature

Date

Please mail/fax/or email form to:
Serve Rhode Island
AmeriCorps Program Officer
PO Box 72822
Providence, RI 02907
Fax: 401-331-2273
Email: mpetreccia@ServeRhodeIsland.org