IOWA STATE UNIVERSITY
Extension and Outreach

Accommodation Request Form

Iowa State University Extension and Outreach _____ County strives to make its programs and events accessible to all Iowans who are otherwise eligible to participate in the activities. This applies to local and state events/programs. Reasonable accommodations are often possible for persons with disabilities who wish to participate, so long as granting the accommodations do not fundamentally alter the nature of the program, cause undue hardship or otherwise cause a direct threat to the health or safety of others. ISU Extension and Outreach _____ County will work with the participant to identify a reasonable accommodation which provides access to the desired program. Please note that the accommodation may not be the one proposed by the participant.

ISU Extension and Outreach _____ County recognizes that accommodations may be requested orally and in person, up to the date of the event. However, the timing and manner of a request potentially reduces county extension's ability to determine a reasonable accommodation. It is strongly encouraged an individual requesting accommodation to participate in a county extension program submit this **Accommodation Request Form** to (insert county extension office staff), at the ISU Extension and Outreach _____ County office, (insert address of office). The county extension user/guardian should also request medical documentation from the diagnosing physician or health care provider using the Verification of Disability Form and return it to the ISU Extension and Outreach _____ County office.

Because it can take time to plan for some accommodations, ISU Extension and Outreach _____ County requests that the form be submitted no later than 30 days prior to the event or activity. Submitting a request for accommodation on shorter notice may reduce or limit county extension's ability to implement the accommodations.

Upon receipt of the **Accommodation Request Form** and the **Verification of Disability Form**, an eligibility team will determine accommodations and the county extension user/guardian will be invited to participate. The team may consist of people knowledgeable about the day-to-day activities of the county extension user. The participant for whom the accommodation is being requested may attend this meeting if attending is age appropriate.

Persons requesting accommodations will be notified of the accommodation plan within five (5) business days after the eligibility team meeting by the appropriate county extension staff member**.**

Name of individual participant needing accommodation:

Person requesting accommodation:

Event/Activity: **Date of the event**: **Time**:

Location of the event:

Type of accommodations or services requested to assist with participation (additional information may be attached if necessary):

Type of accommodations, auxiliary aids or services requested to assist with participation (continued):

Signature: _____ Date: _____

Contact Information: Home Phone _____
Cell Phone _____
Email _____

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FOR OFFICE USE ONLY

Date Received: _____ Received by: _____

Date Response Provided: _____

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran. (Not all prohibited bases apply to all programs.) Inquiries regarding non-discrimination policies may be directed to the Diversity Adviser, 2150 Beardshear Hall, 515 Morrill Road, Ames, Iowa 50011, 515-294-1482, extdiversity@iastate.edu. All other inquiries may be directed to 800-262-3804.

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