

**JOB CORPS REASONABLE ACCOMMODATION FUNDING REQUEST FORM**

Centers are responsible for any costs associated with providing reasonable accommodation to an applicant or student with a disability. If a center cannot fund an accommodation or locate a funding source in the community, a request can be made through the appropriate Regional Office for National Office funding assistance for high-cost accommodations (those greater than \$5,000).

All requests for funding assistance should be made as part of the accommodation process. Funding requests for accommodations already provided will not be considered. National Office funding for medications and personal use items is not available. This form can only be used to request funding assistance for an individual applicant or student. No requests that contain multiple students on the same form will be considered.

Please complete the appropriate section of the following form. All requests should be expedited so as not to unreasonably delay entry or provision of accommodation to the applicant/student.

<b>A. CENTER DISABILITY COORDINATOR REQUEST</b>	
<i>Complete this section of the form and send it to your Regional Disability Coordinator within 7 days of the applicant's or student's reasonable accommodation committee meeting. You should include the applicant's IEP or other documentation that indicates the applicant's functional limitations and any past accommodations. You must contact your Regional Disability Coordinator for guidance on completing this form and providing supporting documentation.</i>	
<b>Center:</b>	<b>Center Disability Coordinator:</b>
<b>E-mail:</b>	<b>Phone:</b>
<b>Applicant/Student Name:</b>	<b>Date File Received on Center:</b>
<b>Accommodation Request Date:</b>	<b>RAC Meeting Date(s) and Attendees:</b>
<b>Describe the nature of the applicants/student's disability and resulting functional limitation(s).</b>	
<b>In the space below, list each accommodation with a one-time fixed cost (e.g., software, equipment, etc.) that is being requested and provide the vendor estimates for these items with supporting documentation that was used to determine these costs. For accommodations requiring on-going costs (e.g., sign language interpreters), these costs should be estimated for a one-year period utilizing the Cost Analysis Form that will be provided to you by your Regional Disability Coordinator. This form must be completed and submitted with this funding request.</b>	
<b>Accommodation:</b>	<b>One-time Fixed Cost:</b>
<b>Accommodation:</b>	<b>On-going Cost:</b>
<b>Accommodation:</b>	<b>On-going Cost:</b>

<b>Total Estimated Fixed Costs:</b>	<b>Total Estimated On-going Costs:</b>	<b>Total Estimated Costs:</b>
<p>List other possible funding sources consulted along with their contact information. If any funding is being provided by these sources, please list amount.</p>		
<p>How will this/these accommodations remove or minimize the barriers presented by the applicant's/s students' functional limitation(s)?</p>		
<p>Were any alternate accommodations considered? If yes, list and describe why not chosen.</p>		
<p>Could the requested accommodation(s) benefit other students with disabilities enrolled in the program? If yes, describe the benefit.</p>		
<p><i>If you are requesting funding for a sign language interpreter, you must review the Deaf/Hard of Hearing Guidance available on the Job Corps Disability Web site, including the guidance on interpreting services. A DC must have the applicant/student complete the interview form available on the overview page of the guidance. This form should be included with your request.</i></p>		
<p><b>Date Guidance reviewed:</b></p>		
<p>List any other accommodations that will/are being provided.</p>		
<b>Disability Coordinator Signature:</b>	<b>Center Director Signature:</b>	
<p><b>Date Forwarded to Regional Disability Coordinator:</b></p>		
<p><b>B. REGIONAL DISABILITY COORDINATOR REVIEW</b></p>		
<p><i>Please review the center's request. If the center section of the form is not complete or inadequate documentation/information has been provided, please contact the Center Disability Coordinator to resolve these concerns. If the center section of the form is complete and adequate documentation/information has been provided, complete this section of the form and send it with a summary of your review to the Regional Office Program/Project Manager and cc National Health Staff within 7 days of receipt from the center.</i></p>		
<b>Regional Disability Coordinator:</b>	<b>E-mail:</b>	
<b>Phone:</b>	<b>Date Request Received:</b>	
<b>Date Request Reviewed:</b>	<b>Date Forwarded to Regional Office:</b>	

<b>Regional Disability Coordinator Signature:</b>	
<b>C. REGIONAL PROGRAM/PROJECT MANAGER REVIEW</b>	
<p><i>Please review the center's request. If the sections A or B of the form are not complete or inadequate information has been provided, please contact the Regional Disability Coordinator to resolve these concerns. If sections A and B of the form are complete and adequate documentation/information has been provided, <b>complete this section of the form and send to National Health Staff at the address below within 5 days of receipt from the Regional Disability Coordinator.</b></i></p>	
<p><i>National Health Staff U.S. Department of Labor Office of Job Corps 200 Constitution Avenue, NW, Room N-4507 Washington, DC 20210</i></p>	
<b>Program/Project Manager:</b>	<b>Phone:</b>
<b>E-mail:</b>	<b>Date Request Received:</b>
<b>Date Request Reviewed:</b>	<b>Date Forwarded to National Office:</b>
<b>Regional Director Signature:</b>	<b>Program/Project Manager Signature:</b>
<b>D. NATIONAL HEALTH STAFF REVIEW</b>	
<p><i>Please review the center's request and supporting documentation. If the required signatures are missing, or additional information is needed, please return the form to the Regional Disability Coordinator to resolve these concerns. If the previous sections of the form are complete and adequate information has been provided, draft an approval letter and begin the National Office signature process <b>within 3 days of receipt of form from the Regional Program/Project Manager.</b></i></p>	
<b>National Office Health Staff Person:</b>	<b>Position:</b>
<b>Phone:</b>	<b>E-mail:</b>
<b>Date Request Received:</b>	<b>Date Request Reviewed:</b>
<b>Date Approval Letter Drafted:</b>	<b>Amount Approved (if different from original request, please explain):</b>
<b>E. NATIONAL OFFICE SIGNATURE APPROVAL PROCESS</b>	
<p><i>National Health staff will coordinate the signature approval process in the following order; the National Health and Wellness Manager, Division Chief, Budget Chief, Deputy Director, and National Director. <b>Complete this section of the form within 7 days of beginning the signature approval process.</b></i></p>	
<b>Health and Wellness Manager Signature:</b>	<b>Date:</b>
<b>Division Chief Signature:</b>	<b>Date:</b>
<b>Budget Chief Signature:</b>	<b>Date:</b>
<b>Deputy Director Signature:</b>	<b>Date:</b>
<b>National Director Signature:</b>	<b>Date:</b>

<b>Final Amount Approved</b> <i>(if no funding is approved or amount is different from original request, please explain):</i>	<b>Final Disposition Date:</b>
<b>F. NATIONAL OFFICE FINAL DISPOSITION</b>	
<i>If funding is approved, National Health staff will provide signed documentation to the Budget Chief, Regional Office Program/Project Manager, Center Disability Coordinator, and Regional Disability Coordinator. If the request is denied, National Health staff will notify the Regional Office Program/Project Manager, Center Disability Coordinator, and Regional Disability Coordinator.</i>	
<b>National Health Staff Making Notification:</b>	<b>Position:</b>
<b>Phone:</b>	<b>E-mail:</b>
<b>Date Notification Provided:</b>	<b>National Health Staff Signature:</b>