**REASONABLE ACCOMMODATION, REASONABLE MODIFICATION IN POLICIES, PRACTICES OR PROCEDURES, AND AUXILIARY AIDS AND SERVICES (RA/RM/AAS) REQUEST AND DISABILITY COORDINATOR CONTACT FORM**

Individuals with disabilities may request RA/RM/AAS (changes in the way things are done, or other types of help) to assist them in participating in the Job Corps program. This form is divided into three parts:

* **Part 1** is to be completed by the applicant or student if requesting RA/RM/AAS or if the applicant or student would like to speak with a center Disability Coordinator.
* **Part 2A or 2B** is to be completed by the Disability Coordinator to document the contact with the applicant or student.

Part 1: RA/RM/AAS Request (completed by applicant/student)

**Applicant/Student -** Complete Part 1of this form if you would like to request RA/RM/AAS or if you would like to discuss RA/RM/AAS with a Center Disability Coordinator.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant/Student Name: |  | ID#: |  |

Select the appropriate box.

|  |  |  |
| --- | --- | --- |
|  | I would like to request RA/RM/AAS. ***Please list each specific RA/RM/AAS*** ***you are requesting. For example, if you are requesting extended time for tests and extended time for assignments, then be sure to include both below. Do not use general statements such as “See IEP.” A Center Disability Coordinator will contact you to discuss the request.*** | |
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|  |  |  |
|  |  |  |
|  | I think I may need RA/RM/AAS, but I am not sure what I will need. I would like to talk directly with a Center Disability Coordinator about my RA/RM/AAS needs. ***A Center Disability Coordinator will contact you.*** | |

Depending on your disability and the type of RA/RM/AAS you are asking for, Job Corps may ask you to provide documentation about your disability and how it affects you.

**Applicant/Student Signature Date**

**Parent/Guardian Signature Date**

*Admissions Services staff or the Center Disability Coordinator must upload this form and related documentation to the respective Wellness and Accommodation E-Folders in CIS.*

Part 2: Disability Coordinator Contact (completed by Disability Coordinator)

Job Corps policy requires that a Center Disability Coordinator contact an applicant/student to discuss potential RA/RM/AAS needs if the applicant discloses a disability and/or requests RA/RM/AAS. Disability Coordinators must use this section of the form to document that contact.

Part 2A: Accommodation Requests

Job Corps policy requires that a Center Disability Coordinator contact an applicant/student to discuss potential RA/RM/AAS needs if the applicant requests RA/RM/AAS. Disability Coordinators must use this section of the form to document that contact.

*Skip to Part 2B, Disclosure of Disability, to discuss potential RA/RM/AAS needs* ***if the applicant/student did not make a formal RA/RM/AAS request but instead disclosed their disability via the 653, documentation of disability, or via any other communication method.*** *Disability Coordinators must use this section of the form to document that contact.*

**Step 1:** Check each box that applies.

|  |  |
| --- | --- |
|  | Requested RA/RM/AAS prior to arrival |
|  | Requested RA/RM/AAS after enrollment |

**Step 2**: **Ensure that PART 1 has been completed in its entirety.** If the first box was checked without listing specific accommodations (i.e., says “See IEP,” for example), then contact the applicant to define the specific RA/RM/AAS(s) being requested and document in Part 1 above. If a student declines accommodation initially but then decides that they do wish to have accommodations, then have the individual complete Part 1.

**Step 3:** Document the outcome(s) of the interactive RA/RM/AAS process by completing the section below. Check all that apply.

|  |  |
| --- | --- |
|  | I have met with the applicant/student by telephone or in person to discuss their RA/RM/AAS needs. |
|  | The applicant/student would like RA/RM/AAS. An accommodation plan was developed and entered in CIS. Store this form in the AF. |
|  | The applicant/student does not wish to receive RA/RM/AAS. The applicant/student has been informed that they may request RA/RM/AAS at any time. Store this form in the Disability No Accommodation File (DNAF). |
|  | The applicant/student and the center cannot agree to an accommodation plan. The center has offered reasonable alternative accommodations and completed a Reasonableness Review and submitted the Reasonableness Review Form for National Office review. Upload this form to the Wellness and Accommodation E-Folder, Disability E-Folder and may put a copy in the DNAF or the AF as determined by the outcome of the review. |

*Update the notes in the Accommodation Plan Notes section of CIS.*

Part 2B: Disclosure of Disability

Job Corps policy requires that a Center Disability Coordinator contact an applicant/student to discuss potential RA/RM/AAS needs if the applicant discloses a disability via the 653, documentation of disability, or via any other communication method but made no formal RA/RM/AAS request. Disability Coordinators must use this section of the form to document that contact.

**Step 1:** Check each box that applies.

|  |  |
| --- | --- |
|  | Disclosed/provided documentation indicating disability is likely prior to arrival (no request made) (i.e., documentation source(s) such as IEP, Chronic Care Management Plan, health documentation, etc.) |
|  | Disclosed/provided documentation indicating disability is likely after enrollment (no request made) (i.e., documentation source(s) such as IEP, Chronic Care Management Plan, health documentation, etc.) |
|  | Diagnosed with a disability by a qualified center licensed health professional or program partner after enrollment |

**Step 2:** Document the outcome(s) of the contact by completing the section below.

|  |  |
| --- | --- |
|  | I have met with the applicant/student by telephone or in person to discuss their RA/RM/AAS needs. |
|  | The applicant/student would like RA/RM/AAS. An accommodation plan was developed and entered in CIS. Ensure that Part 1 of the form is completed. Store this form in the AF. |
|  | The applicant/student does not wish to receive RA/RM/AAS. The applicant/student has been informed that they may request RA/RM/AAS at any time. Store this form in the DNAF. |
|  | The applicant/student and the center cannot agree to an accommodation plan. The center has offered reasonable alternative accommodations and completed a Reasonableness Review and submitted the Reasonableness Review Form for National Office review. Upload this form to the Wellness and Accommodation E-Folder, Disability E-Folder and may put a copy in the DNAF or the AF as determined by the outcome of the review. |

*Update the notes in the Accommodation Plan Notes section of CIS.*

**Applicant/Student Signature Date**

**Parent/Guardian Signature Date**

**Disability Coordinator Signature Date**