

JOB CORPS REASONABLE ACCOMMODATION FUNDING REQUEST FORM

Centers are responsible for any costs associated with providing reasonable accommodation to applicants/students with disabilities. 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 assistance with funding should be made before the accommodation is provided. National Office funding for medications and personal use items is not available.

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.

A. CENTER INFORMATION		
<i>All requests for National Office funding must be processed through the Regional Office. After completing this section of the form, forward it to your project/program manager in the Regional Office.</i>		
Center Contact Person:	Position:	
Phone:	E-mail:	
Applicant/Student Name:	Date(s) Met with Applicant/Student to Discuss Accommodation:	
Describe the nature of the applicant's/student's disability/functional limitation.		
In the space below list each accommodation that funding is being requested for and provide the estimated cost for each accommodation (budget may be attached). Please indicate if the accommodation has a one-time cost (e.g., software, equipment) or an ongoing cost (e.g., sign language interpreter) for which additional funding may be needed.		
Accommodation:	Estimated Cost:	One-time Cost/Ongoing Cost:
	Total Estimated Cost:	
List other possible funding sources consulted along with their contact information. If any funding is being provided by these sources, please list amount.		
How will this/these accommodations remove or minimize the barriers presented by the applicant's/student's functional limitation(s)?		

Were any alternate accommodations considered? If yes, list and describe why not chosen.	
List any other accommodations that are being or will be provided.	
Signature:	Date of Funding Request:
B. REGIONAL OFFICE (PROJECT/PROGRAM MANAGER) INFORMATION	
<p><i>Please review the center's request. If the center section of the form is complete and adequate information has been provided, please complete this section of the form and send to:</i></p> <p><i>Carol Abnathy Division of Information Technology and Program Support Office of Job Corps 200 Constitution Ave, NW RM: N-4507 Washington, DC 20210 abnathy.carol@dol.gov</i></p>	
Regional Office Contact Person:	Position:
Phone:	E-mail:
Date Request Received:	Date Request Reviewed:
Signature: Indicating Concurrence	Date Forwarded to National Office:
C. NATIONAL OFFICE INFORMATION	
<p><i>Please review the request and notify the regional project/program manager when a decision has been made. All requests should be maintained in a secure file.</i></p>	
National Office Contact Person:	Position:
Phone:	E-mail:
Date Request Received:	Date Request Reviewed:
Disposition (if funds are not being provided, please explain):	
Disposition Date:	Amount Approved (if different from original request, please explain):
Signature:	Date Region Notified:
Approvals:	

National Office Health Consultant _____ Date _____

Division Chief _____ Date _____

Budget Unit Chief _____ Date _____

National Director _____ Date _____