WHITEWATER JUNCTION AQUATIC CENTER
REQUEST FOR AN ACCOMMODATION ON THE BASIS OF DISABILITY

If you or a family member has a disability, and need an accommodation to have equal opportunity to participate in services, programs or activities of Whitewater Junction, please complete this form and return it to Rock Island Parks and Recreation at 4303 24th Street, Rock Island, IL, 61201, or you may access the form online at http://rigov.org/84. We will respond to this request in accordance with the procedures set forth in our Accommodation Policy. If you require assistance in completing this form, or want to make an oral request, contact us for assistance at 309-732-7275. This form is just a guide; your request for a reasonable accommodation may be made in any alternate manner, as long as the information requested below is provided.

Name of Individual Making Request ______________________________________

Today’s Date __________________

The person who has a disability requiring a reasonable accommodation is:

Me_____ A family member or person associated with me ______

Name of person with disability__________________________________________

Phone #___________________ Email ____________________________

Address___________________________________________________

I am requesting the following accommodation, or change in rule, policy, or practice so that a person with a disability can have an equal opportunity to participate in the services, programs or activities of Whitewater Junction Aquatic Center:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

This accommodation is needed because:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I understand I am not required to provide private medical records about the nature and extent of disability; however, to facilitate my request, I am voluntarily attaching the following documentation from a healthcare provider stating that the requested accommodation is necessary due to disability:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

___________________________ __________________
Signature of Person Making Request Date

___________________________ __________________
Signature of Person Receiving Request Date
FORM TO BE COMPLETED BY WHITEWATER JUNCTION STAFF WHEN RECEIVING A VERBAL REQUEST FOR A REASONABLE ACCOMMODATION

On ______________ [date], ___________________________________________ [name] orally requested the following reasonable accommodation:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I, ___________________________________________ [name]:

[Check all that apply]

_____ Gave the requester the applicable form and offered to assist in filling it out

_____ Documented the verbal request on this form without providing the applicable form

_____ Gave the requester a copy of the Accommodations Policy

_____ Informed the requester when management would discuss the request with him/her

_____ Other response as described below:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

________________________________________
Signature

__________________________
Date

Requester’s Address________________________________________

Requester’s Telephone Number_________________________________

Requester’s Email Address _____________________________________
Dear: ______________________________

Address: ___________________________

___________________________________

Phone: _______________________

_______________________________________________

Email:  ____________________________________________

On ____________________________ [date], you requested the following accommodation on the basis of disability [describe request]:

______________________________________________________________________________

_________________________________________________________

______________________________________________________________________________

On __________________________ [date], the following individuals spoke with you to discuss your accommodation request: __________________________________________________________

We have (check all that apply):

___ Approved your request. The following reasonable accommodation will be permitted:

________________________________________________________________________

________________________________________________________________________

___ The change is effective immediately.

___ The reasonable accommodation is not effective immediately because [list reason(s) accommodation cannot be implemented immediately]

________________________________________________________________________

________________________________________________________________________

We anticipate that the accommodation will be made by _______________ [date], and we will notify you if we discover that there will be a delay.

___ Can neither approve nor deny your request without the following additional information:

______________________________________________________________________________

__________________________________________________

______________________________________________________________________________
Denied your request, in whole or in part. We have denied your request because [You must check at least one]:

- Granting the request would impose an undue administrative burden
- Granting the request would impose an undue financial burden
- Granting the request would fundamentally alter the nature of our operations
- Granting the request would compromise the safety of an individual(s)
- Granting the request would conflict with safety policies and procedures

We based the denial on the following facts:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

We are offering the following alternative accommodation:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please let us know if you accept the proposed alternative accommodation by contacting ________________________________________________________________________.

If you disagree with this decision, you may submit an appeal within 3 days of this notice which we will review, and discuss with you within 30 days of receiving the revised request.

Sincerely,

Signature: ________________________________ Date____________________

Name: ________________________________ Title: _____________________