**REQUEST FOR ACCOMMODATION**

**IN A PROGRAM, SERVICE, OR ACTIVITY**

**UNDER THE AMERICANS WITH DISABILITIES ACT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number(s) (telephone, TTY, pager): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the specific State program, service, or activity where you need the accommodation?

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Describe your specific functional limitation related to this accommodation request:

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Describe the accommodation or modification you are requesting and how it will assist you to participate in the State program, service, or activity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please provide current medical documentation of the need for this accommodation from your healthcare provider**.

To evaluate your request, the State may need to inquire as to the nature of your disability. If disability information is provided to the State, it will be maintained in a confidential manner.

**Please give this form to the State employee running the program**, or you may send it to:

Jack D. Peck, Jr, Director

Maine Criminal Justice Academy

15 Oak Grove Road

Vassalboro, ME 04989