

# Request for Modification/Accommodation to Participate in a Program, Service, or Activity (Confidential)

This form may be used by individuals with a disability to request reasonable accommodation. This form can be provided directly to your worker or the Department External ADA Coordinator ([oeoada504coordinator@azdes.gov](mailto:oeoada504coordinator@azdes.gov)). Requests should be made as early as possible to ensure the State has an opportunity to address the accommodation.

Client/Customer Name: \_\_\_\_\_

Client/Customer Address (No., Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number (Area Code): \_\_\_\_\_ Email Address: \_\_\_\_\_

Which activity is modification/accommodation needed for? \_\_\_\_\_

What is needed to take part? \_\_\_\_\_

### Which Program is modification/accommodation needed for?

Child and Community Services Division (CCSD)

Division of Aging and Adult Services (DAAS)

Division of Benefits and Medical Eligibility (DBME)

Division of Child Support Services (DCSS)

Division of Developmental Disabilities (DDD)

Division of Employment and Rehabilitation Services (DERS)

Office of Community Engagement (OCE)

Office of Inspector General (OIG)

Other \_\_\_\_\_

Form was completed by:    Client/Customer    DES staff    ADA Division Liaison    ADA Title II Coordinator

If DES staff, add your name and phone number here: \_\_\_\_\_

DES client to submit, complete one of the following:

1. Submit this directly to your DES worker.
2. Submit to the ADA External Coordinator at the following:
  - Submit in person at: 1717 W. Jefferson Street, Suite 103, Phoenix, AZ.
  - Submit by mail to: Office of Equal Opportunity, P.O. Box 6123, Mail Drop 1119, Phoenix, AZ 85007.
  - Submit by fax to: (602) 364-3982.
  - Submit by email to: [oeoada504coordinator@azdes.gov](mailto:oeoada504coordinator@azdes.gov)

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