



Americans with Disabilities Act

Request for Reasonable Accommodations/Modifications

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), the Los Angeles County Department of Public Social Services (DPSS) will not discriminate against qualified individuals with disabilities in its services, programs, or activities. The law requires DPSS to provide reasonable accommodations/modifications to individuals with a disability.

We can give persons with disabilities the extra help they need or modify some program requirements and practices. Below are examples of things we can help with:

- Reading our documents and forms
- Filling out our forms
- Retrieving documents needed
- Changes to work and other program requirements
- Making appointments
- Other reasonable accommodations/modifications

If you are an individual with a disability and need a reasonable accommodation/modification to access or participate in DPSS programs and services, you can submit the attached request form to any DPSS employee or you can ask any DPSS employee for help. You may also call the DPSS ADA Hotline to request a reasonable accommodation/modification:

DPSS ADA Title II Coordinator
12860 Crossroads Parkway South City of Industry, CA 91746
Phone: **(844) 586-5550**
Fax: **(562) 692-2240**
ADAHelp@dpss.lacounty.gov
TTY: **(877) 735-2929** (California Relay)

Identifying the appropriate reasonable accommodation/modification is a cooperative process that will be evaluated on an individual basis.

DPSS will provide a response to your request for an accommodation/modification within five (5) working days from the date the request was received.

Note: You are not required to complete this form to be provided an accommodation/modification.

This form is available in alternate formats from the Departmental ADA Coordinator.



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Request for Reasonable Accommodations/Modifications

Name: _____ Case # _____

Address _____

City _____ State _____ Zip _____

Phone: _____ TTY: _____ Email: _____

How would you like to be informed about the status of your request for an accommodation/modification?

- Phone Writing Other _____

What do you need help with? (Check all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Hearing | <input type="checkbox"/> Speaking | <input type="checkbox"/> Understanding |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Standing | <input type="checkbox"/> Remembering | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Being around
crowds | <input type="checkbox"/> Dealing with
emotions | <input type="checkbox"/> Filling out
forms | <input type="checkbox"/> Scheduling an
appointment |
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> Other: _____ | | |

Customer Signature	Date
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If someone else has completed the Request for Reasonable Accommodations/Modifications form on your behalf and you want to allow the Department of Public Social Services (DPSS) to discuss your request for a reasonable accommodation/modification with them, we need your approval. Please fill out the section below and sign.

I authorize _____ to discuss my request for an
(Print Name of Designee)

accommodation/modification with the DPSS for a period of 30 days. I may revoke this authorization at any time except for information that has already been given to DPSS. This document is maintained in the case file and will not be disclosed without my signed consent for each disclosure unless the disclosure is specifically required or allowed by law. I have read this form (or had the form read to me) after it was completed. I am aware that I may request a copy of this document.

Customer Signature		Date
Print Designee Name	Relationship to Customer	Designee Tel. No.
Designee Address		