



Confidential

**CITY OF CHANDLER
COMMUNITY SERVICES DEPARTMENT**

REQUEST FOR MODIFICATION

Completion and submission of the *Request for Modification* allows City staff to review the request and make the necessary arrangements to accommodate qualified individuals with disabilities who otherwise meet standard minimum qualifications. Please submit the form at least two weeks prior to the beginning of the program to allow time for processing.

Those visiting the Department’s facilities or taking part in the Department’s programs or activities must be able to participate in an independent fashion, as staff is not able to provide services of a personal nature, such as assistance in eating, toileting, or dressing. Participants are welcome to bring a caregiver or aide if they need assistance with these activities.

SECTION 1. The following is to be completed by participant or requestor:
(If assistance is needed in completing this, please contact Collette Prather at 480-782-2709)

Class, Program or Activity: _____

Name of Participant: _____ Phone Number: _____

If Requestor is other than Participant, relationship to Participant: _____

Requestor Name: _____ Phone Number: _____

Date of Request: ____/____/____ Date of Event/Start: ____/____/____
(month) (day) (year) (month) (day) (year)

The Participant’s disability affects his/her ability to fully participate in the class, program, or activity in the following way(s).

Please check “Yes” or “No” for each:	YES	NO
A. Mobility		
B. Vision		
C. Hearing &/or Communicating		
D. Developmental & Behavioral		
E. Self-Administer Medication		
F. Aide or Caregiver attending		
G. Other:		



The reasonable modification I am requesting is: _____

Please specify details that may be important to this request: _____

I understand that this document will be reviewed and that I may be asked to provide additional information before my request may be processed. I also understand that the City will make every effort to act on my request, but delays are possible, particularly when this document is received less than two weeks in advance of the start of the class, program, or activity.

Signature of Participant: _____ Date: _____

Signature of Requestor (if other than Participant): _____

This form may be submitted either by:

1. **Email:** Complete this form, save it, and email to: collette.prather@chandleraz.gov, or
2. **In person:** Drop off form at any City of Chandler Recreation or Aquatic facility, or
3. **By mail:** Send form to: City of Chandler Adaptive Recreation Office, Mail Stop 503, P.O. Box 4008 Chandler, AZ 85244-4008

SECTION 2. THE FOLLOWING IS TO BE COMPLETED BY CITY OF CHANDLER STAFF:
<p>If needed, was the <i>Participant Inclusion Plan</i> completed?</p> <p><input type="checkbox"/> Yes (attach to this document)</p> <p><input type="checkbox"/> No (please explain) _____</p> <p>Request is: Approved _____ Modified _____ Denied _____</p> <p style="text-align: center;">IF THE REQUEST IS DENIED, WRITTEN RATIONALE SUPPORTING THE DENIAL MUST BE PROVIDED IN A MODIFICATION DENIAL MEMO.</p> <p style="text-align: center;">ALL DENIALS MUST BE APPROVED BY THE DEPARTMENT DIRECTOR.</p> <p>Name and title of person(s) making decision: _____</p> <p>Cost of Modification: Estimate: \$ _____ Actual: \$ _____</p> <p>Signature: _____ Date: _____</p>

Participants and/or Requestors who wish to file an appeal should see the
City of Chandler ADA Accession and Inclusion Solution Process,
www.chandleraz.gov/accessibility.