

# Reasonable Accommodation Form

Transportation Program of United Community Action Partnership

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

**First name:** \_\_\_\_\_

**Last name:** \_\_\_\_\_

**Address Line 1:**

\_\_\_\_\_

**Address Line 2:**

\_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Preferred email:** \_\_\_\_\_

**Preferred contact method:**  Phone  Email

**Best time to contact you:** \_\_\_\_\_

**Explain the accommodation you are requesting:**

\_\_\_\_\_

\_\_\_\_\_

**Are you able to utilize the service without the accommodation?**

Yes  No

The completed form should be submitted either by emailing [nick.leske@unitedcapmn.org](mailto:nick.leske@unitedcapmn.org) or by mailing it to:

United Community Action Partnership

ATTN: Nick Leske

1400 South Saratoga Street

Marshall MN 56258