UNIVERSITY ACCESS COMMITTEE

REASONABLE ACCOMMODATION FUNDING REQUEST FORM

Purpose:
Penn State University supports the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), as amended, which mandates providing reasonable accommodations to ensure equal access to all Penn State programs, activities, services and facilities. All academic and administrative units at the University are required to provide reasonable accommodations for people with disabilities who make such requests. The University position is that individual administrative units have primary responsibility for costs associated with reasonable accommodations that are requested for programs they are providing. It is strongly advised that units maintain sufficient funds in their budget to cover any costs associated with reasonable accommodations (e.g., sign language interpreter, real-time captioning, Brailling services, etc.).

The purpose of the UAC Reasonable Accommodation Fund (UACRAF) is to provide assistance in situations where an individual unit/department is experiencing a financial hardship as a result of a request for reasonable accommodation. Typically, funds from the UAC Reasonable Accommodation Fund are matching and will be limited to a maximum of 50%. However, keep in mind that these funds are limited and additional funding sources may need to be explored by the academic or administrative unit.

Guidelines for the UAC Reasonable Accommodation Fund:

The UACRAF is to be utilized for costs directly associated with the provision of reasonable accommodations for Penn State programs, and in some situations, employment related activities. The administrative unit receiving approved funds must submit invoices for the services to the University’s ADA Coordinator after the services have been rendered or equipment has been purchased. Budget transfers from the UACRAF will only be processed when the invoices have been received, reviewed by appropriate University representatives and approved for disbursement.

To Apply:

Complete the application form (below) in full and return to:
ADA/504 Coordinator
328 Boucke Building
University Park, PA 16802-0471
Phone: (814)-863-0471
Fax: (814)-863-7799
Email: adainfo@psu.edu

Please contact the ADA Coordinator with any questions you might have regarding your request.
Contact information of the person completing the request for funds:

Name:________________________________________
Title:________________________________________
Office Address:________________________________
Office Phone:________________________________
E-mail Address:________________________________

Information regarding the individual for whom the service or equipment is requested:

Name:______________________________________

Affiliation with the University (please check applicable):
      _____ Employee
      _____ Student
      _____ Other (please describe, e.g. 4H club member, visitor to campus, etc.).

                  ________________________________
PSU ID (if applicable):___________________________

Address:_______________________________________

Phone:_________________________________________

Email Address:_________________________________

Individual’s Disability Category (e.g., hearing impairment, visual impairment, learning disability, mobility impairment etc.):____________________________

If the above request is for a University employee work site reasonable accommodation, the employee must request a reasonable accommodation through the Affirmative Action Office and must demonstrate their need for this request. For further information on this process, go to the following Web address: http://www.affirmativeaction.psu.edu/access_accom.htm

If the above request is for a University student classroom accommodation, the student must request a reasonable accommodation through the disability services representative at the campus they are enrolled. For further information on this process, go to the following Web address: http://equity.psu.edu/ods/students/eligibility.asp
Please provide specific information regarding the services and/or equipment for which funding is being requested for partial reimbursement:

a. Description of the service requested (e.g. use of a sign language interpreter):

_________________________________________________________________

_________________________________________________________________

b. Description of equipment or technology (software or hardware) requested. Requests for equipment or technology must be made for current needs for an employee, student, or other individual. Equipment or technology cannot be purchased for personal use and will only be purchased for use to provide equal access to the University’s programs, activities, services and facilities. Additionally, please provide contact information for the vendor (phone, address, website, etc, if applicable) and product price.

_________________________________________________________________

_________________________________________________________________

Total cost of accommodation: $ _______________________________

Amount requested from UACRAF: $ ____________________________

**Budget and Fund Number to have the money transferred to, if approved:**

Budget Number:_________________________ Fund Number:_________________________

Date:________________________

**For UAC use only:**

Request approved: Yes_____ No _____

Notes:
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