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’s position is that individual administrative units have primary responsibility for costs associated with reasonable accommodations 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 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 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 are rendered or equipment is 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:
https://affirmativeaction.psu.edu/welcome/access-disability/reasonable-accommodations

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:
https://equity.psu.edu/student-disability-resources/accommodations
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, web site, 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: ___________ Cost Center: ___________

Date: ___________

For University Access Committee use only:

Request approved by ADA Coordinator: Yes _____ No _____

Signature: ___________________________ Date: ___________

ADA COORDINATOR

Request approved by University Access Committee, chair: Yes _____ No _____

Signature: ___________________________ Date: ___________

UNIVERSITY ACCESS COMMITTEE, CHAIR

Notes:

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October 2019