



# Americans with Disabilities Act (ADA)

## 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 on the basis of disability 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 we need**
- **Changes to work and other program requirements**
- **Making appointments**
- **Other reasonable accommodations/modifications**

If you are a qualified individual with a disability that needs a reasonable accommodation/modification, you can submit the attached request form to any DPSS employee or you can ask any DPSS employee for help. You may also contact the ADA Liaison at your local DPSS Office or contact the DPSS ADA Title II Coordinator at:

DPSS ADA Title II Coordinator  
12860 Crossroads Parkway South  
City of Industry, CA 91746  
Phone: **(844) 586-5550**  
Fax: **(562) 692-2240**  
(Office hours: M-F, 8:00 a.m. to 5:00 p.m.)

**TTY: (877) 735-2929 (California Relay) (Office hours only 7:00 a.m. to 4:30 p.m.)**

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 or requests for 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.**





**Americans with Disabilities Act (ADA)**  
**Request for Reasonable Accommodations/Modifications**

Last Name	First Name	MI
Home/Mailing Address		
City	State	Zip
Phone	TTY:	Email Address:

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

- Phone     Writing     Other: \_\_\_\_\_

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

- Reading                       Hearing                       Speaking                       Understanding  
 Seeing                               Standing                       Remembering                       Walking  
 Being around crowds     Dealing with emotions  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe how we can help you. *(Use additional sheet if necessary)*

- Filling out forms     Scheduling an appointment     American Sign Language (ASL)  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*All requests for accommodations/modifications will be evaluated individually and a response to your request will be provided within five (5) working days.*

Applicant/Participant Signature	Date
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*This Notice and Related Materials Are Available in Alternate Format.*

If someone else has completed this form on your behalf and you want to allow the Department of Public Social Services (DPSS) to discuss your disability/request for accommodation/modification with them, we need your approval. Please fill out the section below and sign.

I authorize \_\_\_\_\_ to discuss my disability/request for  
 (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 will be kept 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 know I can get a copy of this document if I ask for it.

Applicant/Participant Signature		Date
Print Designee Name	Relationship to Applicant/Participant	Telephone No.
Address	City and State	Zip Code

*All requests for accommodations/modifications will be evaluated individually and a response to your request will be provided within five (5) working days.*

**FOR DPSS USE ONLY**

Please complete the following information and forward one copy for evaluation to:

ADA Title II Coordinator  
 12860 Crossroads Parkway South  
 City of Industry, CA 91746

ADA Hotline: (844) 586-5550  
 Fax: (562) 692-2240

Print Name and Title of person who provided accommodation/modification: \_\_\_\_\_

Telephone number of person who provided accommodation/modification: \_\_\_\_\_

Were Accommodations/Modifications provided?  Yes  No

If yes, what type of accommodation/modification was provided? (Check all that apply)

Reading     Hearing             Speaking     Understanding     Filling out forms     Seeing

Standing     Remembering     Walking     Dealing with crowds     Dealing with emotions     Other:

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ADA or Customer Service Liaison (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

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