UNIVERSITY ACCESS COMMITTEE

REASONABLE ACCOMMODATION FUNDING REQUEST FORM

Purpose:

Penn State University complies with the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), which mandate 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 practice is that individual administrative units have primary responsibility for costs associated with reasonable accommodations requested for programs they are providing. Units should maintain sufficient funds in their budgets to cover any costs associated with providing reasonable accommodations (e.g., sign language interpreter, real-time captioning, Brailling services, etc.).

The purpose of the University Access Committee Reasonable Accommodation Fund (RAF) is to provide assistance in situations where an individual unit/department is experiencing financial hardship as a result of a request for a reasonable accommodation. Typically, funds from the RAF are matching and limited to a maximum of 50%.

Guidelines for the Reasonable Accommodation Fund:

The RAF is utilized for costs directly associated with the provision of reasonable accommodations for Penn State programs, and in some situations, employment-related activities. The unit requesting funds must submit paid invoices for the services or equipment along with this request form.

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 regarding your request.
Contact information of the person completing the request for funds:

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

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: ________________________________

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

If the funding request is for a University employee work site reasonable accommodation, the employee must request a reasonable accommodation through the Office of Equal Opportunity & Access and must demonstrate their need for this request. Further information on this process is at: https://sites.psu.edu/aaoffice2/welcome/access-disability/reasonable-accommodations/

If the funding request is for a University student classroom accommodation, the student must request a reasonable accommodation through Student Disability Resources (SDR) at University Park or the disability services representative at the campus where they are enrolled. Further information for students is at: 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.

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Total cost of accommodation: $ _________________________________

Amount requested from RAF: $ ____________________________

UPON APPROVAL, INSTRUCTIONS TO RECEIVE REIMBURSEMENT FOR THE EXPENSE WILL BE PROVIDED TO THE REQUESTER

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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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May 2024