



ADA Request for Modification

1. To initiate the request process, please complete all sections of this document in full and return the form to the Monon Community Center, Attention Michelle Yadon.
2. Attach the required documentation prior to submitting request. A list of acceptable documentation is listed below.
3. Please be aware that your request cannot be considered until Carmel Clay Parks & Recreation has received your completed form and the required documentation with all necessary information. You are urged to submit all of the completed forms and documents as soon as possible as it may take a few weeks to make a decision and implement the accommodation.
4. Please be aware that Carmel Clay Parks & Recreation reserves the right to request an independent evaluation before granting or extending a request for a reasonable modification. In addition, Carmel Clay Parks & Recreation reserves the right to deny a request if the modification sought is not supported by the data in the assessment or documentation or the request is unreasonable according to ADA regulations.

Guest Information

First/Last Name: _____

Address: _____

Phone (Day): _____ Phone (Evening): _____

Email: _____

The best way to contact me is: _____

I am requesting a modification under the ADA because of my disability. Attached please find documentation from my medical provider stating what my disability is, and how it affects my ability to perform major life functions.

Please describe specifically the reasonable modification(s) you are requesting and reasons for your request. Also, describe any alternative suitable modifications. Attach additional sheets, if necessary.

Carmel • Clay Parks & Recreation

Please state the estimated duration for the modification(s).

From: _____ To: _____

I understand that you may have questions about my request and may need to contact my medical provider. I hereby give you permission to do so.

Signature: _____ Date: ____/____/____

Acceptable Verification Documents:

Primary Form of Proof:

Our primary request is that you submit a document from your Licensed Medical Health Care Provider verifying your condition(s) and requested modification(s).

Secondary Form of Proof:

You can also submit in addition to the primary form of proof.

- Social Security Disability Card
- Medicaid Card
- Medicare Card
- Military Disability Form

If you do not have any of the above documentation, please contact Michelle directly for other possible options.

Signature: _____ Date: ____/____/____

----- **Office Use Only** -----

Inclusion Supervisor Signature: _____

Inclusion Recommendation: _____

Cost Ramifications: _____

MCC Director's Signature: _____

COO's Signature: _____