



AMERICANS WITH DISABILITIES ACT ACCOMMODATION REQUEST FORM FOR THE ILLINOIS ARDC

1. Who are you?

Name of person accommodation is for: _____
First and Last Name

ARDC case number (if known): _____

Role before ARDC:

- Complainant
- Respondent
- Witness
- Lawyer for Complainant, Respondent, or Witness
- Companion (support worker, care or assistance provider, family member)
- Other: _____

Contact person (if different from above): _____
First and Last Name

Address: _____
Street Address, Apt. #, City, State, Zip Code

Phone number: _____ Email address: _____

Best way to reach you?

- Phone call
- Text message
- Email
- Other _____

2. What is your accommodation request?

I am requesting (check the box for any accommodations you are requesting. If you select "something else" you must list additional information about the request):

- Qualified sign language interpreter
- Communication Access Real Time Transcription (CART captions)/Assistive Listening Device (ALD)

- Help completing documents
- Extended time
- Change to location of ARDC activity
- Access for my service animal (dog or miniature horse)
- Documents in large print/Braille
- Something else. Describe the accommodation you need or provide additional information about your request here:

3. When & where do you need an accommodation?

Date(s)/time accommodation is needed (if known): _____

Will this accommodation be requested:

- One time
- Ongoing

Location where accommodation is requested (including ARDC office address, hearing or conference room, remote location, etc.), and any other information you know:

4. Next steps

Please submit this request to the ARDC's disability coordinator by email to DisabilityCoordinator@iarc.org or by mail to:

Althea K. Welsh
 ARDC Disability Coordinator
 130 E. Randolph St., Ste. 1500
 Chicago, IL 60601-6219
 Phone: 312-565-2600

OFFICE USE ONLY

Accommodation: _____ Granted Denied

Requestor notified on: _____ Via: _____

Comments: