



City of Shreveport

ADA Coordinator | 505 Travis Street, Suite 620, Shreveport, LA 71101

Request for ADA Accommodation for:

PROGRAM ___ **SERVICE** ___ **ACTIVITY** ___ **FACILITY** ___

Program, Service and/or Activity Name:

Facility Name: _____

Date Submitted: _____

REQUESTOR'S CONTACT INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

If the ADA accommodation is being requested for someone other than yourself, please name that individual and provide his/her contact information:

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Your relationship to this person: _____

Is this an Architectural Accessibility Concern: Yes _____ No _____

Example, a wheelchair ramp is needed, braille signage is missing, or accessible counters are too high for wheelchair users and/or other.



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Please answer the following questions regarding your accommodation needs:

What protected disability is preventing participation in the Program, Service, Activity and/or Facility above?

How does this disability limit or restrict participation? Are there specific physical challenges?

What accommodation(s) are you requesting for the Program, Service, Activity and/or Facility named above?

Is one to one staff interaction required? Yes _____ No _____

Is the participant self-sufficient for daily needs/personal care, including independence for toiletry need?

Is there a limitation on participation in specific Program, Service, Activity and/or Facility?

What type of behavior issues does the participant have?



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Can the participant communicate verbally?

Can the participant follow verbal, visual, physical directions?

Can the participant function, with limited assistance, as a member of a large social group?

Accommodation will be made based on a review of the request for accommodation and in accordance with the City's Policy and Process for Applicants, Citizens, and Customers for All ADA-Related Complaints or Requests for Accommodation, Each time a participant enrolls in a program, service and or activity, a new request for accommodation must be made. Failure to make a timely request for accommodation may result in delay of the review and implementation of the accommodation or delay the participant's entry into the program. Participants will be unable to attend the program until the request has been reviewed and a determination has been made. Please allow up to ten (10) business days for review.

I have read (or had read to me) and understand the above information and the minimum requirements for participation in the Program, Service, and/or Activity as described in the standard description of the Program, Service, and/or Activity provided to the public. Therefore, I believe that with the requested accommodation, the participant above meets Program, Service, and/or Activity minimum requirements for participation.

Requestor's Signature: _____ Date: _____

Parent or Guardian Signature: _____

(If participant is under 18 years of age): _____ Date: _____

Physicians Signature (Required) _____ Date _____

Please submit this form to:

Alonzo Smith, City of Shreveport ADA Coordinator / Safety Officer
505 Travis Street, Suite 620, Shreveport, LA 71101 | FAX 318-673-5546