



SCOTT COUNTY CDA: REQUEST FOR REASONABLE ACCOMODATION

Note: This form may be submitted to Scott County CDA at any time. If you need assistance with this form or have any additional questions, please contact Scott County CDA at 952-402-9022.

Date of Request

Name of Applicant/Resident/Participant

Address

City/State/Zip

Phone Number

 None at this time (initials)

Reasonable accommodation requested:

(what)

Reasonable accommodation requested for:

(household member name)

Reason for requesting this accommodation:

(why)

Name and contact information of professional to verify this request:

I certify that the information in this Request for Reasonable Accommodation is true and accurate. I give Scott County CDA permission to talk with my physician or licensed professional about my disability and reasonable accommodation request.

Signature of Applicant/Resident/Participant

Please return this form to:
Scott County CDA
323 S. Naumkeag St.
Shakopee, MN 55379
Fax#: 952.496.2852

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$250,000 and /or imprisonment of not more than 5 years.