Customer Reasonable Accommodation Request Form

WorkForce West Virginia (WFWV) is committed to providing an accessible and supportive environment for employees, claimants, and customers with disabilities. Equal access for qualified individuals with a disability is an obligation of WFWV under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990. WFWV does not discriminate on the basis of disability against qualified individuals with a disability in any program, service or activity offered by WFWV.

Name of Person Needing Accommodation: (Please PRINT) _____ **Last 4 digits of SS#** ____ ____ ____ ____	**Name of Person Completing this Form (if different from person needing accommodation):**	**Evening Telephone Number:**
Address (Street/PO Box, City, State, Zip):		**Email:**

Type of Accommodation Requested:
Please provide any additional information that may assist us in providing reasonable accommodation (specify):

_____ _____

Customer Signature **Date**

For Office Use Only		
Name of Local Office:	**Received by:**	**Date:**
Name of Program or Service:	**Referred to:**	**Date Referred:**
Action Taken: **NOTE: Copies of this request go to: Appropriate Field Supervisor and Vickie Elkins, EO Officer, WorkForce WV, 112 California Ave., Room 104, Charleston WV 25305.**		