



**Appointment Scheduling
Request for Disability or Internet Access Accommodation**

If you need a Disability or Internet Access accommodation in order to participate in the agency's Rental Assistance OR Energy/Utility Assistance appointment scheduling process, please complete this request form. Please complete one request per service. We cannot guarantee we will be able to accommodate your request.

Your request will be reviewed in the order received and you will be notified via your preferred communication type whether we are able to grant the accommodation.

Today's Date:

Service Requested: Rental Assistance Energy/Utility Assistance

First Name: _____ **Last Name:** _____ **Date of Birth:** _____

Address: _____ **Address 2:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____
Preferred Communication Type: Email Phone Mail

Preferred Language:

Accommodation Type (Only choose the type specific to the reason you are unable to use the online scheduling system):

- | | | |
|-----------------------|---------------------|--------------------------|
| Deaf, Hard of Hearing | Mobility, Dexterity | Blind, Low Vision |
| Speech Disability | Other Disability | No Phone/Internet Access |

State the specific accommodation you are seeking and a brief reason for the request. You must describe why or how you are unable to use the online scheduling system:

Mail to:
Opportunity Council Attn:
CS Prog Manager
1111 Cornwall Ave
Bellingham, WA 98225

Email to:
CS Program Manager:
CSProgMngr@oppco.org

In Person:
Drop Box
1111 Cornwall Ave
Bellingham, WA 98225

Staff Use Only

Received By: _____ **Date Received:** _____ **Request:** Approve Denied