

## 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	e Energy	//Utility Ass	sistance
First Name:	Last Name:			Date of Birth:
Address:	Ad	ddress 2:		
City:	St	ate:		Zip:
Phone:	Er	nail:		
Preferred Communio	cation Type: E	mail	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<br/>Speech DisabilityMobility, Dexterity<br/>Other DisabilityBlind, Low Vision<br/>No Phone/Internet AccessState the specific accommodation you are seeking and a brief reason for the request. You must<br/>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