



## Disability Accommodation Request - Phone Screening

If you need Disability Accommodation to participate in the agency's Homeless Prevention program eligibility phone screening process, please complete this request form. 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 method about the status of your request. We may need to contact you for more information before approving or denying your request. If approved, you will be contacted to be screened for eligibility.

<b>Your Contact Information:</b>										
Today's Date:										
First Name:					Last Name:					
Date of Birth:										
Street Address:						City:				
State:				Zip:						
Phone:					Email:					
Preferred Communication Method:				Mail: <input type="checkbox"/>		Phone: <input type="checkbox"/>		Email: <input type="checkbox"/>		
Preferred Language:										
<b>Accommodation Type: Please select one of the checkboxes below</b>										
Deaf or Hard of Hearing:		<input type="checkbox"/>		Speech Disability:		<input type="checkbox"/>		Other Disability: <input type="checkbox"/>		
State the specific accommodation you are seeking and give a brief reason for the request. You must describe why or how you are unable to access the phone eligibility screening process:										
<b>Mail to:</b> Opportunity Council Attn: Erin Dunrud 1111 Cornwall Ave Bellingham, WA 98225					<b>Email to:</b> Program Coordinator: erin_dunrud@oppco.org			<b>In Person:</b> Drop Box 1111 Cornwall Bellingham, WA 98225		
<b>Staff Use Only</b> Received By:					<b>Date Received:</b>				<b>Approved:</b> <input type="checkbox"/> <b>Denied:</b> <input type="checkbox"/>	