



475 Seaview Avenue
Staten Island, New York 10305

375 Seguine Avenue
Staten Island, New York 10309

718-226-9000

SERVICES FOR PERSONS WITH DISABILITIES

REQUEST FOR REASONABLE ACCOMMODATIONS

Under the Americans with Disabilities Act of 1990, persons with disabilities are entitled to reasonable accommodations during their health care visit at SIUH. If you are a person with a disability who has a physical or mental impairment that substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such impairment, you are entitled to a reasonable accommodation. For example, if you are an individual who is deaf or hard of hearing and you communicate through American Sign Language, you are entitled to request a Sign Language Interpreter.

Please check off (√) the reasonable accommodation that you require:

PHYSICAL ACCOMMODATION	√	COMMUNICATION ACCOMMODATION	√
Wheelchair		Sign Language Interpreter	
Specialized Seating/Cushions		Written Materials	
Transfer Board		Closed Captioning TV	
Maxi/Sara/E-Z lifts for Transfers		TDD - Telephone Device for the Deaf	
Headrests for Dental Patients		Pocket Talker	
High Low Exam Table		Communications Board	
Z-slider Transfer Sheet		Amplified Phone	
Large Print Material		Note Taker	
Escort Service		Reader	
		Memory Book	
OTHER:		OTHER:	

Patient/Visitor/Companion Name: _____

Name of the person completing form: _____

Date/Time: _____ **Location:** _____

Reasonable Request Granted: Yes _____ **No** _____ (please provide explanation)

STAFF: Please process this request and provide the reasonable accommodation if warranted. If reasonable accommodation is not granted, document reason above and in the patient's chart.

REGISTRAR: Please collect the form from the patient, key into Series 2000 and PHS and file in chart.

PATIENT AND/OR PATIENTS' COMPANIONS: If you need help completing this form, please ask the clerk/registrar for assistance.