



IDES Reasonable Accommodation External Request Form

Pursuant to the requirements of state and federal laws, a qualified individual with a disability can request reasonable accommodation. Reasonable accommodations ensure meaningful access to IDES benefits, services, and/or programs to those with a disability qualified under the Americans with Disabilities Act. IDES is not required to provide accommodations that would impose undue hardship on the operations of their programs. Completed accommodation request forms should **be submitted to the agency's EEO/AA Officer and/or the ADA Liaison at 115 S. LaSalle Street, 17th Floor, Chicago, Illinois 60603 or faxed at 312-793-0302.** The agency EEO/AA Officer and/or the ADA Liaison can respond to questions about the accommodation process at 312-793-9290.

Your Name:	Your IDES Claimant ID Number (if you have one):
Your Home Address:	Is there a specific IDES office location for which you are requesting an accommodation? If so, which office?
Best Phone Number to reach you:	Your email address:
List Your Disability or Impairment:	
List Your Major Life Activity Limitations (list all day-to-day activities that are limited by your impairment or disability):	

Describe the specific accommodation you request.

How will the accommodation assist you?

Your signature: _____ Date: _____

Physician's Medical Review Section

This section must be completed, signed, and dated by your physician, medical doctor, or other qualified medical specialist.

1. Does the individual have a physical or mental impairment? Yes No

2. What is the impairment? _____

3. Is the impairment permanent? Yes No

4. If *not* permanent, how long will the impairment likely last? _____

5. What specific accommodations do you recommend as treating physician?

6. Additional Comments: _____

Attending Physician's Signature

Date

X _____

Attending Physician's Name *(Please Print Legibly)*

Address _____

City _____ Zip Code _____ Phone _____