

VETERANS WATCHMAKER INITIATIVE INC.

307 SIXTH STREET

ODESSA, DELAWARE 19730

WWW.VETERANSWATCHMAKERINITIATIVE.ORG

1302-378-7088

Reasonable Accommodation Request Form

*The Director organizes services for students requiring special accommodations. Notifying Veterans Watchmaker Initiative that you have a disability is **OPTIONAL**. If you have a disability and need to request special or individual accommodations, please complete the following information and return it to the Director at Veterans Watchmaker Initiative*

Last Name: _____ First Name: _____

Program: _____ Start Date: _____

Email address; _____

Physical Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Mobile Phone: _____

1) Brief description of disability, including date of onset: _____

2) Specific accommodation (s) requested: _____

3) Treating physicians name: _____

4) Please attach documentation from your treating physician or licensed healthcare professional in support of your accommodation request. The documentation should be current (no more than three years old) and must include:

* a diagnosis of the disability and any accompanying results;

* a detailed description of the specific impairment, limitations, functional need and the medical justification for such help;

* a recommendation for the type and duration of the accommodation (s) needed; and the professional credentials of your health care provider.

STUDENT SIGNATURE

I certify that the information provided on this form (and any attachments or supplements) is true and correct to the best of my knowledge.

Student Signature _____ **Date:** _____

MAILING ADDRESS

P.O. Box 329

LITTLE CREEK, DELAWARE 19961

**VETERANS WATCHMAKER INITIATIVE INC. IS A QUALIFIED 501C3 CHARITABLE ORGANIZATION
DUNN & BRADSTREET AND GUIDESTAR LISTED**