



## Reasonable Accommodation Form—Disability

Please complete this form if you have a physical or mental health disability and need a reasonable accommodation to attend our training. Should you need any help completing this form, or if you have any questions about this form or RDPC's reasonable accommodation policy, please speak to RDPC's Non-Discrimination Program Coordinator at 606-677-6122. This form should be returned directly to: Rural Domestic Preparedness Consortium (RDPC), 2292 S. Hwy. 27, Somerset, Kentucky, 42501. Attention: Director of RDPC.

| articipant's Name:   | s Name: |
|--|---------|
| raining Attending:   |         |
| ocation:   |         |
| Pate of Training:  |         |
| . Please describe the accommodation(s) you are requesting. If there is more than one ccommodation that you believe will meet your needs, please describe all possible ccommodations. |         |
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| . Please describe the reason(s) why you are requesting an accommodation.   |         |

| 2. Please attach to this form any documentation that you believe supports your need for the requested reasonable accommodation. Please also provide any other information that you believe is relevant to your request. |
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| I certify that the information contained on this form and submitted with this form is true and correct.   |
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| Please return this form to: Rural Domestic Preparedness Consortium (RDPC)   |
| 2292 S. Hwy. 27 Somerset, Kentucky, 42501 Attention: Director of RDPC   |
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