



REQUEST FOR ACCOMODATION

Access For All Application

Hayward Area Recreation and Park District is committed to providing specific access needs for safe participation in programs and activities to our public. **Please submit this request at least 10 business days (or up to 30 days for your first choice on programs that fill quickly) prior to scheduled activity for consideration of accomodation.** The District is committed to consideration of requests that does not constitute a fundamental alteration, undue financial burden and or pose a threat to the participant’s safety or safety of others. Please find required information below. **This process is confidential.**

PARTICIPANTS NAME: _____ **Age:** _____ **DOB:** ___/___/___

Name of current school enrolled: _____ Grade Level: _____

School Address: _____ City: _____ Zip: _____

GUARDIANS NAME: _____ **(Email):** _____

Address: _____ City: _____ Zip: _____

Phone: (Cell) _____ (Home) _____ (Work) _____

PROGRAM REQUESTED FOR ACCOMODATION: _____

Course # _____ (Refer to Recreation Guide Brochure for codes)

Program Date/s: _____ Time/s: _____ Fee: _____

Nature of Request for Accommodation/Assistance (please be specific):

_____.

Verification and documentation requirements:

The following documents are *required* at the time this application is submitted:

- Documentation of Disability (including limitations, restrictions and proposed accomodation) from a Physician, Health Care professional or School District I.E.P.
- Copy of Parent or Guardians Identification (CA ID or CA. Driver’s license).
- Please also read and review all guidelines for this Access for All Application.

Please provide known information pertaining to the following areas:

Other Skills Information

Communication: _____

Mobility: _____

Feeding: _____

Restroom Skills: _____

Behaviors: _____

Social: _____

Limitations/Restrictions/Concerns: _____

Do you currently have a one-on-one aide who assists this applicant? Yes ___ No ___

Do you utilize the services or vendors of the Regional Center? Yes ___ No ___

I hereby submit this Access for Application requesting accommodation and affirm that the participant is entitled to accommodation under the Americans with Disability Act, California Fair Employment and Housing Act, and/or the California Unruh Act, or any other applicable law. I understand that the safety of the participant, staff and others is a top priority in the determination of accommodation.

Print Name

Name (Signature) Date

STAFF USE ONLY

Date received: _____ Verification received: _____

Reviewer: _____

Approved: _____ Denied: _____

If denied, explain reason:

Contact Client: Date: _____ Time: _____

Action Taken/Accommodation Granted:

Guidelines and commonly asked questions:

Please read and review all guidelines for this Access for All Application. Incomplete applications will not be considered or processed. The goal of this program is to provide reasonable accommodations in accordance with the American with Disabilities Act (ADA), California Fair Employment and Housing Act, and/or the California Unruh Act, or any other applicable law. This act is designed to assist in encouraging safe participation and removing barriers to full participation for the public. Successful accommodation requires planning, communication and coordination. Our District has put in place a review panel that will evaluate all applications for accommodations that are received. All requests for accommodation are required to be submitted **a minimum of ten (10) business days (or up to 30 days for your first choice on programs that fill quickly) prior to the date of the accommodation being requested.**

What is a reasonable accommodation? An accommodation can take many forms. Each accommodation is reviewed on a case by case basis and may include, but is not limited to: modification to program procedures, providing auxiliary assistance or aide, accessibility modification, additional staffing or modification that does not constitute a fundamental alteration to the program or undue financial burden to the organization, or otherwise pose a safety threat to the participant or others.

What if I am not sure of what is the most appropriate accommodation? If you are not sure if participation in a given program or class is appropriate, please indicate this on the completed Access for All application. District staff will contact you to review the participants' abilities and or limitation and program requirements. The goal is to provide for reasonable and safe inclusion in the activity. Should you have questions, call the Administration Office at (510) 881-6700 or email info@haywardrec.org.

What documentation is required? In order for staff to accurately determine request for accommodation the following documentation is required and must be submitted at the time of application:

- Documentation of Disability (including, limitations/restrictions and proposed accommodation) from a Physician, Health Care professional or School District I.E.P.
- Copy of Parent or Guardians Identification (CA ID or CA. Driver's license).
- Completed request for Access for All accommodation application.

How long is the accommodation good for? Due to the variety and differing nature of program and services, applications are required for separate activities. Should a program accommodation be granted for an on-going program (i.e. swimming lessons) the accommodation may be granted for up to a one-year period. This determination will be made on a case by case basis. Any changes to health status must be immediately reported to District. Re-application will be required at least annually to ensure that staff has most updated information on participation limitations/restrictions. If your request for accommodation is denied you may appeal the decision to the District General Manager.

What services are not provided under the ADA? The ADA, California Fair Employment and Housing Act, and/or the California Unruh Act, or any other applicable law items that are not considered a "reasonable" accommodation. For example, District staff will not substantially alter a program or provide services such as daily living, feeding, medicine administration, dressing or toileting. Serious behaviors on the part of the participant that could pose health and safety concerns or are disruptive (hitting, biting, kicking and/or running away) to the provision of the program will be grounds for removal or denial of program inclusion. Staff cannot be responsible for the administration of any required medicines or injections at any time.

When will I be informed of the application status? Please allow up to 10 business days for the District to review all completed applications and contact you.