OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Request for Reasonable Accommodation - Client or Applicant for Services

Please Print

Name of client or applicant	Case number	Social Security number	
Street address	City	State	Zip
Telephone (work)		Telephone (home)	

List the OKDHS services you are requesting or currently receiving that require this accommodation:

Disability to be accommodated:

Requested accommodation:

Is medical documentation attached? Yes ☐ No ☐
If no, give reason:

Employee signature — Date

ADA coordinator signature — Date

Division administrator, associate director, area director signature — Date

Return original to: Office for Civil Rights
P.O. Box 25352
Oklahoma City, OK 73125-9975