

**RAINBOW CENTER OF MICHIGAN, INC.
ADA POLICY & PROCEDURE WITH REASONABLE ACCOMMODATION FORM**

Title: ADA Policy & Procedure with Reasonable Accommodations Form	
Approved by: <hr style="width: 50%; margin: 0 auto;"/> Winnifred Griffin Chief Executive Officer	
<u>March 1, 2020</u> Date of Inception	<u>October 7, 2023</u> Updated

The Americans with Disabilities Act of 1990 (ADA) and the Americans with Disabilities Amendments Act (ADAAA) are federal laws that require employers with 15 or more employees to not discriminate against applicants and individuals with disabilities and, when needed, to provide reasonable accommodations to applicants and employees who are qualified for a job, with or without reasonable accommodations, so that they may perform the essential job duties of the position.

In accordance with the federal laws, Rainbow Center of Michigan will provide reasonable accommodation to applicants and employees who are disabled and seeking assistance to maintain employment within the agency.

A disabled individual may be classified based on one of the following:

- Has a physical or mental impairment that substantially limits one or more major life activities;
- Has a record of such an impairment; or
- Is regarded as having such an Impairment.

Information required by 42 CFR §438.10(g) (member handbook) is considered to be provided if Rainbow Center of Michigan Inc:

- a. Mails a printed copy of the information to the member’s mailing address;
- b. Provides the information by email after obtaining the member’s agreement to receive the information by email;
- c. Posts the information on the Web site of the Service Provider and advises the member in paper or electronic form that the information is available on the Internet and includes the applicable Internet address, provided that members with disabilities who cannot access this information online are provided auxiliary aids and services upon request at no cost; or
- d. Provides the information by any other method that can reasonably be expected to result in the member receiving that information.

Rainbow Center of Michigan Inc. makes its written materials that are critical to obtaining services, including, at a minimum, provider directories, member handbooks, appeal and grievance notices, and denial and termination notices, available in the prevalent non-English languages in its particular service area.

- a. Written materials that are critical to obtaining services must also be made available in alternative formats upon request of the potential member or member at no cost, include taglines in the prevalent non-English languages in the State and in a conspicuously visible font size explaining the availability of written translation or oral interpretation to understand the information provided, information on how to request auxiliary aids and services, and include the toll-free and TTY/TDY telephone number of the Service Provider's member/customer service unit.
- b. Auxiliary aids and services must also be made available upon request of the potential member or member at no cost.

A Reasonable Accommodation Form will be required for any individual seeking assistance under the ADA. All requests will be reviewed and an initial contact within 48 business hours of the request. All requests should be submitted to the Customer Service Unit.

Any formal complaints or concerns regarding ADA can be directed to the agency Recipient Rights Advisor, Jemina Willis. If the complaint or concern is with regards to an employee, please direct the issue to our Human Resource Consultant.

RAINBOW CENTER OF MICHIGAN INC. ACCOMMODATION REQUEST FORM

Section 1: For completion by or on behalf of the consumer. You may, but are not required to use this form to request a reason for accommodation. If you request a reasonable accommodation and choose to not complete this form, the Customer Service Coordinator may contact you to gather this information. If you choose to complete this form, please answer each item, sign and return it to the Customer Service Coordinator or other designated staff in the Customer Service Department.

Name:	RCOM Number:	Telephone Numbers: Primary: Second:
Date of Request:	Assigned Counselor:	
<p style="text-align: center;"><u>Interpreter Services</u></p> <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Mandarin <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Thai <input type="checkbox"/> Other: _____	<p style="text-align: center;"><u>Auxiliary aids</u></p> <input type="checkbox"/> Large Printed Materials <input type="checkbox"/> Voice, text, and video-based telecommunications products and systems, including text telephones (TTYs-711), and videophones. <input type="checkbox"/> Notetakers	
<p>Describe any other accommodations requested as specifically as possible or, if you are not sure what accommodation is needed, any suggestions about what options can be explored.</p> 		
Requestor's Name:	Requestor's Signature:	Date submitted:
Relationship to Consumer:		
<p>Staff Use Only:</p> <p>Received By & Date: _____</p>		