

**RAINBOW CENTER OF MICHIGAN, INC.
REASONABLE ACCOMMODATIONS POLICY AND PROCEDURE**

Title: Reasonable Accommodations Policy and Procedure	
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.

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>		