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| **Computer Accommodations Request** (PL 99-506 Sec. 508) | **U.S. Department of Housing and Urban Development**  Office of Chief Information Officer  Assistive Technology Program |

Complete this form to request assistive technology software and/or hardware devices for computer access if you have one or more of the following disabilities: visual, mobility, hearing and/or cognitive/learning. A physician’s statement and/or medical certificate is required. Two levels of notification are required (your current supervisor and Assistive Technology Program

Coordinator/Customer Service Division Director). Attach a copy of the data file to a mail message and send it to AT

Request mail box. Date of Request

Submit a signed hard copy to: U.S. Department of Housing and Urban Development, Office of Information Technology, Computer Services Division, AYI, Washington, DC 20410-3000.

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| --- | --- | --- | --- | --- |
| Name of employee requesting accommodations | Job Title | | Series and Grade (example: GS-301-6) | |
| HUD Office Address | Correspondence Code | | Telephone | |
| Name of Accommodation | | Warranty (if any) | Accommodation  Type | Cost (if known) |
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|  | |  |  |  |
|  | |  |  |  |
| Total Cost | | | |  |

Describe the need for the accommodation equipment. Attach supporting documents such as a medical certificate.

Name of Supervisor Assistive Technology Program Coordinator/Computer Services Division Director

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| --- | --- |
| Signature Date | Signature Date |

Official Use Only

Disability Code from SF-256

Approval by Management Information Systems Official

Name

|  |  |
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| Signature | Date |

form **HUD-22006** (07/2005)