



22 North Street
Jaffrey, New Hampshire 03452
(603) 532-2427
(603) 532-2429 Fax
Email: adultcare@mfs.org

Monadnock Adult Care Center Accommodation Request Form

This application will be used solely to determine ADA eligibility for a reasonable accommodation for the Monadnock Adult Care Center (MACC) Transportation Program. Please complete this application to the best of your ability. The information provided on this form will be confidential and will only be released with your permission.

PLEASE PRINT OR TYPE:

NAME:

ADDRESS:

APT:

CITY OR TOWN:

ZIP:

HOME TELEPHONE:

CELLPHONE:

DATE OF BIRTH:

Please describe your disability, physical or mental impairment(s) or limitation(s) ("Disability")

1. Do you have a disability which prevents you from using MACC

Transportation as it is currently offered? () Yes () No

2. Do you have a visual impairment?

Yes No

If yes, please explain:

3. What specific accommodation(s) are you requesting, if known?

4. Has a health care professional recommended a specific accommodation? Please describe and attach any documentation:

Name of Health Care Professional:

Phone:

5. Do you use any of the following mobility aids? (Check all that apply)

manual wheelchair electric wheelchair powered scooter

cane crutches walker

service animal - * Service animal requires up to date documentation.

If using a wheelchair:

How wide is it? ___ Inches

How heavy is it when occupied? ___ Pounds

Monadnock Adult Care Center's buses are able to accommodate a wheelchair that is 30 in. wide, 48 in. long and 2 in. off the ground and up to 800 lbs. occupied.

I, the applicant, understand that in order to be able to use the ADA Reasonable Accommodation, I must have a disability which makes me eligible for consideration.

I hereby certify that I am the individual requesting a transportation accommodation when using MACC transportation and that all of the information contained in the application is true and accurate:

SIGNED:

Date:

***If this application is being filled out by someone other than the person requesting certification, please complete the following:**

NAME:

RELATIONSHIP TO APPLICANT:

PHONE#:

SIGNATURE:

Please send completed form to:

Monadnock Adult Care Center
22 North St.
Jaffrey, NH 03452
Attn: Christine Selmer, Director
(603) 532-2427

If for any reason you are unable to complete the form you may call The Monadnock Adult Care Center and assistance will be provided.