



**Philadelphia Freedom Valley YMCA
Request for Modifications/Auxiliary Aids and Services
Case Management Form**

Section A – INITIAL REQUEST FOR MODIFICATION/AUXILIARY AIDS AND SERVICES

Prospective or Current Participant: _____ Gender: _____

Date of Birth: _____

Program Registration for: _____

Date Request Received: _____ Branch: _____

Dept.: _____

Person Making the Request (if not the prospective or current participant) and Relation to Prospective or Current Participant : _____

Parent/Guardian or Emergency Contact Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email(s): _____

Nature of Request for Modification to Policies, Practices or Procedures and/or for Auxiliary Aids and Services:

(If the request was submitted in writing, attach it to this form.)

Section B – EVALUATION OF REQUEST

Discussion/Meeting with Prospective or Current Participant/Parent/Guardian (List all

participants):

Date of Discussion/Meeting: _____

In-Person Meeting? Yes No

If no, describe setting for meeting
(Phone/Other): _____

Summary of Discussion/Meeting: _____

Next Steps:¹ _____

ATTACH ADDITIONAL SECTION B PAGE FOR EACH DISCUSSION/MEETING

¹ The Branch ADA Compliance Officer, in conjunction with the Association Office ADA Compliance Officer, may make a narrowly tailored request for medical documentation relating to the disability and any necessary modifications/auxiliary aids and services if needed.

Section C – DECISION

All Determinations Must Follow the Philadelphia Freedom Valley YMCA Guidelines for Evaluating Requests for Modifications/Auxiliary Aids and Services (“Guidelines”).

Check here to confirm that all Guidelines were reviewed and followed:

Date of Determination: _____

Determination:

Date Communication sent to Prospective or Current Participant/Parent/Guardian: _____

(Attach a copy of all communications sent to Prospective or Current Participant/Parent/Guardian)

If Request Was Granted, Was an Action Plan executed? Yes No

(Attach the executed Action Plan. If not executed, list steps to be taken to ensure an Action Plan will be completed promptly and attach when executed.)

Signature: _____

ADA Compliance Officer, _____ Branch