



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ACCOMMODATION REQUEST

The Y considers the individual needs of every person and the ability of the program to meet those needs. Please complete this form if you or a family member requires any special accommodation. This information enables the Y to better meet your needs or those of a family member, within available resources and to the extent reasonable. All staff that will be working with you or a family member with special needs will be informed of how to care for or meet those needs.

Name: _____ Date: _____

Best way to reach you: (check one and complete information) Phone: _____ Email: _____

Y program of interest: _____

Request for special accommodations: _____

FOR INTERNAL USE ONLY

Notes:

Staff Member: _____

Date Processed: _____