

(Date)

(Name)

(Address)

(Address)

Via **(Hand Delivery, certified mail, first class mail)**

Re: Request for **(whatever accommodation was requested)**

Dear **(Name)**,

We have received your request for an accommodation under the Americans with Disabilities Act of 1990 (ADA). Based upon the information received, it appears that you are a qualified individual according to the Americans with Disabilities Act. As a result, the following accommodations are in place:

- 1.
- 2.
- 3.

In an effort to continue the interactive process, if these accommodations are not effective or if your condition changes and you need additional accommodations please notify _____ at _____. We are happy to consider any additional information you wish to provide.

Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

(Name)

(Title)

(Agency)

(Address 1)

(Address 2)

(Phone)

(Fax)

(E-mail)

cc : Medical File
Supervisor

(For Use if Implementing Accommodations)