



Reasonable Modification Request Form

To be completed by individual with disability and/or parent.

Date: _____

Name of Individual Requiring Modification: _____

Name of Individual Submitting this Request: _____

Requestor Address: _____

City: _____

State: _____

Zip code: _____

Requestor Phone Number: _____

YMCA/Program Location: _____

Program: _____

What needs are you identifying for which you are requesting modification(s) for yourself or your child?

What, if any, YMCA programs/services are you having difficulty accessing?

Have you (or your child) previously been provided modifications for these needs?

Yes

No

If yes, when and what were they?

What specific modification(s) are you requesting at this time?

If you are not sure what modification is needed, do you have any suggestion about what options we may explore together?

Yes

No

If yes, please explain:

Please provide any additional information that might be helpful in processing your modification request:
