Sample Accommodation Request and Plan Process

# **Develop a process to respond to accommodation requests**

* Establish an accommodation request process that is well communicated to clients and available in accessible formats.
* Ensure staff are well trained on the process for responding to accommodations requests and are aware of the grounds for discrimination as per your local human rights authority.

# **Responding to Accommodation Requests**

## Gather client information and assess needs

* Review accommodation requests thoughtfully and assess each request uniquely.
* Assign a staff lead who will be responsible for responding to the request and the subsequent implementation and monitoring of an accommodation plan.
* Follow up with the client if further documentation is required. Consider supporting associated costs for medical documentation.
* Accommodation requests and plans must be treated confidentially and shared only as needed. Personal information should be kept in a secure place and only be shared with staff who need the information to provide the accommodation.
* If the Ministry Unit is unable to meet the needs of the accommodation request or is unable to maintain the safety and security of a client as a result of an accommodation request, then, refer the client to another service provider/facility that can appropriately support the clients accommodation needs.

## Develop an accommodation plan

* Document the most appropriate accommodations in a detailed written plan. The plan should:
* Clearly explain the accommodation that will be provided.
* Be co-developed with the client. The accommodation plan process is a shared responsibility, and everyone involved, including management, staff and client, must work cooperatively, share information, and work towards potential accommodation solutions.
* If the client will be accessing multiple programs and services, ensure that staff and management from other departments are involved in developing a common plan while maintaining client confidentiality.
* Ensure the client has been meaningfully engaged and supported throughout the process.
* Make the accommodation process accessible to the client. If appropriate, offer communication supports and accessible accommodation plan formats.
* Consider the need to include specific actions related to an emergency response depending on the clients’ needs.

## Implement and Monitor

* After implementation of the plan, it is important to continually monitor its effectiveness. An effective plan meets clients' needs, removes barriers and creates equitable access. For more information on accommodations, visit the Accommodation Guidelines.
* In partnership with the client, the staff/case manager responsible for the accommodation plan will monitor the plan as needed to ensure the clients accommodation needs are being achieved. This can be accomplished by developing a periodic schedule for co-reviewing accommodation plans.
* If accommodation actions are ineffective or no longer suitable, together, the client, staff/case manager will reassess and revise the accommodation plan accordingly.

Sample Accommodation Request Form

*\*Accommodation request forms will be made accessible in multiple formats for clients (e.g. verbal, written, via staff with client consent)*

|  |  |
| --- | --- |
| **Client Name:** |  |
| **Date of request:** |  |
| **Contact details:**  |  |
| **Program(s) or Service(s) used:**  |  |
| **Please describe the accommodation you are requesting:**  |  |
| **Please explain the reason you are requesting this accommodation and how it will provide you with equal opportunity to access the facility/service/program:** |  |

If appropriate, please list and attach supporting documentation.

|  |  |
| --- | --- |
| **Date** | **Supportive Document Name**  |
|  |  |
|  |  |

Signature of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person requesting accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Confidentiality Disclaimer - All matters and information concerning clients are confidential and must not be transmitted to any other person within the facility or to outside sources without proper authorization.*

Sample Accommodation Plan

*\*Accommodation request forms will be made accessible in multiple formats for clients (e.g.. Verbal, written, via staff with client consent)*

|  |  |
| --- | --- |
| **Date:** |  |
| **Name of Client:**  |  |
| **Supervisor Name:** |  |
| **Staff/Case Manager Name** (responsible for accommodation planning and implementation:): |  |

**Description of Accommodation Request:**

**What must the accommodation achieve to meet the clients need(s)?**

**Describe the procedure for accommodation that will apply in this case. Include timelines, goals, monitoring and dealing with issues that may be raised by others.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Accommodation Actions** | **Assigned Staff** | **Due Date** | **Management Authorization** |
| *\*list the actions required to achieve the accommodation identified in the prior section* |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Comments/Notes:**

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Managers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If the service provider is unable to admit, or must discharge, a client because they cannot maintain the safety and security of the client as a result of an accommodation request, then, Management/staff will refer the client to another service provider/facility where capacity to meet the accommodation request exists.

**List referral information here:**

|  |  |
| --- | --- |
| Referral Service provider: |  |
| Contact Information: |  |

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_