

City of Arlington, Texas

ADA Accommodation for a City Program

Program Name: _____

Date Submitted: _____

REQUESTOR'S CONTACT INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

If the ADA accommodation is being requested for someone other than yourself, please name that individual and provide his/her contact information:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Your relationship to this person: _____

Please answer the following questions regarding your accommodation needs:

What protected disability is preventing participation in the Program above? How does this disability limit or restrict participation? Are there specific physical challenges?

What accommodation(s) are you requesting for the Program named above?

Is one to one staff interaction required? Yes No

Is the participant self sufficient for daily needs/personal care, including independence for toiletry need?

Is there a limitation on participation in specific Program activities?

What type of behavior issues does the participant have?

Can the participant communicate verbally?

Can the participant follow verbal, visual, physical directions?

Can the participant function, with limited assistance, as a member of a large social group?

Accommodation will be made based on a review of the request for accommodation and in accordance with the City's Policy and Process for Applicants, Citizens, and Customers for All ADA-Related Complaints or Requests for Accommodation, Including Pedestrian Facility Access. Each time a participant enrolls in a program, a new request for accommodation must be made. Failure to make a timely request for accommodation may result in delay of the review and implementation of the accommodation or delay the participant's entry into the program. Participants will be unable to attend the program until the request has been reviewed and a determination has been made. Please allow up to ten (10) business days for review.

I have read (or had read to me) and understand the above information and the minimum requirements for participation in the Program as described in the standard description of the Program provided to the public. Therefore, I believe that with the requested accommodation, the participant above meets Program minimum requirements for participation.

Requestor's Signature: _____ Date: _____

Parent or Guardian Signature

(if participant is under 18 years of age): _____ Date: _____

Physician Signature (required): _____ Date: _____

Please submit this form/the information on this form to:

ADA Coordinator, Department of Public Works and Transportation, 101 W. Abram St., Arlington, Texas 76010

**City of Arlington
Parks and Recreation Department
Minimum Requirements for Recreational After School and Day Camp Program**

The City of Arlington Parks and Recreation Department After School Program and Day Camp Programs provide organized recreation for children who would otherwise be in an unsupervised environment. These Programs are not preschool, nursery school, nor infant care programs. The Programs are held at one of the City recreational facilities, generally with a ratio of 1 leader to 12 children.

To qualify to participate in the After School Program or Day Camp Programs, the participant must, with or without accommodation:

- Be between 5 and 12 years old or 11 to 14 years old for Teen Camp.
- Be able to take responsibility for and handle his/her own personal hygiene and restroom needs.
- Be able to administer his/her own medication.
- Be able to follow instructions.
- Not pose an imminent threat of physical harm to him/herself or others.
- Be willing and able to comply with the Program rules and regulations.
- Be able to take responsibility for and handle interactions with the other participants and staff.
- Be able to mobilize without assistance of staff.

If a person desiring to participate in the Program has a disability and can be accommodated consistent with the City's Policy and Process for Applicants, Citizens, and Customers for All ADA-Related Complaints or Requests for Accommodation, Including Pedestrian Facility Access, the Parks and Recreation Department will allow a participant to provide a personal assistant or caregiver to enter the facility to assist participant's participation in the Program, provided the personal caregiver or assistant:

1. Is qualified to provide such care,
2. Is designated and provided by the parent or guardian to provide such care,
3. Has passed a City of Arlington criminal background check and has been approved by the City to be near and around children, and
4. Abides by the City's rules and regulations of this Program.