

**DHA Staff Report of Verbal Request for Accommodation  
Obvious Disability and Observed Need**

A. Applicant:

Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Applicant (preferred but not required):

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

B. DHA Employee Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Development/Department: \_\_\_\_\_

Can DHA employee confirm obvious disability? [  ] Yes [  ] No

1. Obvious/observed or stated need for accommodation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Requested accommodation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is the need for the requested accommodation readily apparent or known?  
Explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Signature of DHA Employee:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_