



Request for Reasonable Accommodation

Program: _____

Site of Program: _____

Participant's Name: _____ Age: _____

Parent's Name: _____

Phone: (Work) _____ (Home) _____ (Cel) _____

What is/are the participant's disability/ies? _____

What reasonable accommodation is required because of participant's disabilities? _____

Does participant require one-on-one staff interaction? _____ YES _____ NO

What are the participant's physical challenges? _____

Is participant self sufficient for daily needs/personal care? _____

What type of behavior issues does participant have? _____

Can participant communicate verbally? _____

Can participant follow verbal, visual, physical directions? _____

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

Reasonable accommodations will be made based on a review of the request for accommodation. An accommodation is not reasonable if it results in a fundamental change in the program. Each time a participant enrolls in a program, a new request for reasonable accommodation must be made. Failure to make a timely request for a reasonable accommodation may result in delay of the review and implementation of an 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 five (5) working days for review. **I have read (or had read to me) and understand the above information and the minimum requirements for the program on the back of this sheet. Therefore, I believe that with the requested accommodation the participant listed above meets program guidelines.**

Participant's Signature _____ Date: _____ Physician's Signature _____ Date: _____

Parent/Guardian's Signature (If participant is under the age of 18) _____ Date: _____

Parent's Comments: _____

Physician's Comments: _____

For Office Use Only:	Accommodation to be made: _____

Approved by: _____	Date: _____
Accommodation cannot be made: _____	_____
Not Approved by: _____	Date: _____

Minimum Requirements to Participate in the Latchkey Program

The Latchkey Program is an organized recreation program for children who would otherwise be in an unsupervised environment. The Latchkey Program is not a preschool, nursery school, nor infant care program. The program is held in elementary school cafeterias with a ratio of one leader to twenty (20) children.

To qualify to participate in the Latchkey Program, the participant must, with or without a reasonable accommodation:

- Be between five (5) and 13 years old.
- Be able to take responsibility for and handle his/her own personal hygiene.
- Be able to administer his/her own medication.
- Be able to follow instructions.
- Not pose an imminent threat of physical harm to himself/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 the assistance of staff.

The City of Corpus Christi Parks & Recreation Department will allow a participant to provide a personal assistant or caregiver to enter the Latchkey site provided the personal caregiver or assistant: 1) is qualified to provide such care, 2) is designed/provided by the parent to provide such care, 3) abides by the rules and regulations of this program and the City, and 4) must provide verification of a recent criminal history check.

For questions or assistance, call (361) 826-3499.