



## Request for Accommodation Form

The City of Raleigh Parks, Recreation and Cultural Resources Department offers Inclusion Services to individuals with disabilities and/or medical conditions who wish to participate in PRCR programs. Individuals who wish to request an accommodation should complete and submit this form. Requests should be made for each program.

Date of Request: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Name (If different than participant): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ Phone \_\_\_\_\_ Email

Has the individual participated in PRCR programs before?  YES  NO

Has the individual received Inclusion Support before?  YES  NO

Program Name: \_\_\_\_\_ Start Date of Program: \_\_\_\_\_

Program Location: \_\_\_\_\_ Program Registration Barcode: \_\_\_\_\_

Please describe the specific modification you are requesting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe how the modification will assist the participant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share any safety or behavior concerns for the participant in this specific program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*please use additional sheets if necessary\*\***

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Please submit this form via email to [SRIS@raleighnc.gov](mailto:SRIS@raleighnc.gov) or mail to:

Inclusion Services  
2401 Wade Avenue  
Raleigh, NC 27607

Inclusion Services will follow-up on all requests as quickly as possible, but request to receive notification 2 weeks (or 10 business days) prior to the start date of the scheduled program or event.  
(Alternative formats are available upon request.)

Additional forms will be required for our assessment process based upon the request and may require a physician's signature.

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