



## Special Needs Statement and Request

**This portion of the document must be completed by all participants.**

I, or the participant in my charge will need a special accommodation in order to participate successfully in this program and/or to meet essential eligibility requirements: YES \_\_\_\_\_ NO \_\_\_\_\_

Program Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

(If no, please sign and date the form. If yes, please complete the remainder of the document. If this notice is not received we will assume that no accommodation or assistance is needed.)

**When an accommodation is needed, sufficient notice (2 weeks ideal with a minimum of five business days) must be given. Please thoroughly complete the following section to the best of your ability as it relates to the participant of the program.**

1. What type of accommodation do you suggest?  
\_\_\_\_\_  
\_\_\_\_\_
2. Utilizes wheelchair or other assistive device \_\_\_\_yes \_\_\_\_no (If yes, please explain)  
\_\_\_\_\_
3. Is there any health concerns that may affect participation? \_\_\_\_yes \_\_\_\_no (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
4. Do you or the participant in your charge require medication during the program? If yes, please list the medicine and times needed:  
\_\_\_\_\_  
\_\_\_\_\_
5. Please list any specific needs, issues or diagnosis as they relate to your participation in this program:  
\_\_\_\_\_  
\_\_\_\_\_
6. Will you be providing a personal care attendant or assistive device? \_\_\_\_yes \_\_\_\_no
7. Comments: \_\_\_\_\_  
\_\_\_\_\_

**This portion of the document must be completed by all participants.**

Participant Name: \_\_\_\_\_ Age \_\_\_\_\_ Guardian Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Guardian Day Number: \_\_\_\_\_

I attest that the above information is complete and correct to the best of my knowledge. I understand that if the above information given is incorrect or incomplete that the Parks and Recreation of Topeka, reserves the right, when undue hardship on a program may result, to release the participant from the program until an accommodation assessment and recommendation is completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_