



Massachusetts Department of Transitional Assistance
REQUEST FOR AN ADA ACCOMMODATION

- Initial Request
- Modification of Initial Request

TAO

Date

Applicant/Recipient Name

SSN

Street Address/City/ZIP

Reason for ADA Accommodation Request

Requested ADA Accommodation

Applicant/Recipient Signature **Date**

AU Manager Signature **Date**

Decision: **Approved** **Denied**

Approved Accommodation (if any): _____

This decision was reached _____

IMPORTANT: If you disagree with the decision reached by the TAO Accommodation Team you have the right to reconsideration by the Central Office Accommodation Appeal Committee. Please contact your worker to request a reconsideration.

Department Representative Signature

Date