Dear Supervisor and Ongoing Worker:

At this time, I am requesting accommodations from the Department of Children and Families (DCF) under Title II of the Americans with Disabilities Act (“ADA”) and Section 504 of the Rehabilitation Act of 1973 (“Section 504”). Specifically, I am requesting the following reasonable accommodations:

**[Check below the options that are appropriate for you. This list does not include all accommodations you can ask for. Accommodations are based on what would help you in your situation. To help you determine what accommodations might be helpful, you could talk with any mental health or other providers that work with you.]**

* a different parenting time schedule;
* longer parenting time;
* shorter parenting time;
* a different location for parenting time;
* hands-on learning during my child’s medical or early intervention services appointments;
* a change in how I am being taught parenting skills, specifically
  + being shown how to use the skills in my home
  + using pictures rather than words for step-by-step instructions
  + other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* letters and DCF action plans that are written in a way that are easier to understand;
* adaptive parenting equipment, such as
  + Braille books
  + talking thermometers
  + tactile medicine dispensers
  + speech-to-text tools
  + text-to-speech tools
  + closed captioning during virtual meetings
  + other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* a written summary of any meeting with DCF or its contractors;
* calls or emails to remind me of my appointments;
* a visual calendar with my appointments, meetings, and parenting time schedules that I can hang on my wall;
* time to take notes during my meetings;
* allowing me to bring someone to take notes or help during meetings;
* providing agendas or materials ahead of meetings to allow for preparation and review;
* permitting extra time for processing during meetings, including allowing for breaks;
* translation of written materials into plain language,
* interpretation and translation services, such as
  + American Sign Language
  + Certified Deaf Interpreter
  + Communication Access Real-time Translation (CART)
* allowing meetings to occur virtually;
* other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
* other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I expect to hear from you in ten days. If I do not hear from you in writing in ten days, I will consider my request denied.

Please let me know if you have any questions or concerns.

Thank you, and please feel free to contact me by:

* Phone:
* Other:

Best,

Cc: [DCF.Disability.Coordinator@mass.gov](mailto:DCF.Disability.Coordinator@mass.gov)

**[Check your region]**

* Boston Region
* Northern Region
* Southern Region
* Western Region
* Central Region