



CAP Accommodation Request Form

Complete this form to request assistive technology and services. All information will be kept confidential. Please ensure completion of all contact information. Approval is also required from requester's supervisor. Signature certifies that the accommodation is necessary for a person with a disabling condition to accomplish an essential job task. Signature also verifies that the item requested becomes the property of the receiving federal agency. If you have any questions, please call CAP at 703-614-8416 (V), or email cap@mail.mil. You may fax this completed form to 703-697-5851, or complete the request form online at www.cap.mil to expedite request processing.

1. NAME OF PERSON TO BE ACCOMMODATED (Please Print):

Grade Level: _____ Occupational Series: _____ Are you a new federal employee? Yes No

Have you used CAP services before? Yes No

2. DELIVERY AND CONTACT INFORMATION (No P.O. Boxes—No acronyms):

What Agency Do You Work For?

DoD Agency (Please specify): _____

Non-DoD Agency (Please specify): _____

Delivery Address (Work Address):

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Contact Information Telephone/TTY: _____ Fax: _____

Email: _____

3. DISABILITY INFORMATION:

What are the functional limitations related to your task(s)?

- Deaf/Hard of Hearing (all degrees of hearing loss)
- Blind/Low Vision (e.g. difficulty seeing characters on a screen or printed page, legally blind, etc...)
- Cognitive (e.g. difficulty focusing on printed or spoken information, expressing information, remembering things)
- Communication (e.g. difficulty communicating)
- Dexterity (e.g. wrist, neck, back or leg discomfort, paralysis, fine motor skill problems):
(Specify Condition): _____

Were you injured in Overseas Contingency Operations? Yes No

Only individuals who are Active Duty Service members or are federal employees are eligible for CAP services. If you are a disabled veteran and are not employed by the federal government, please contact the Department of Veterans Affairs for assistance.

4. ITEM REQUESTED:

Include brand name/model and attach any additional information you may have. If you are requesting Speech Recognition Software, please complete and attach the Computer Specifications Form, located in "CAP Forms" under the "Publications/Forms" tab on the CAP Website: www.cap.mil. Please complete a separate form for each item being requested. If you are a Telework or Flexiplace claimant, please attach a copy of your Telework Agreement Letter.

Item requested: _____

Brand/Model: _____ Additional Information: _____

If you are a Workers' Compensation claimant, please attach a copy of your Department of Labor Claim Acceptance Letter. Your Workers' Compensation Claim number is: _____

5. JUSTIFICATION:

Please provide a detailed description of your daily job tasks:

Please describe your limitations and how they impact your ability to perform your essential job functions:

6. TRAINING COURSE REQUIREMENTS:

Note: Complete this section only if you are a DoD employee attending a training course of two or more days.

Specify the requested service: Interpreter* CART* Personal Assistant Reader

* Interpreter and CART services are for DoD employees to attend information technology related training
Submit a fully completed request at least 15 days prior to the start of the training session

A. TRAINING SESSION:

Training/Course Title: _____

Course Location: _____ Date: _____ Time: _____

B. SERVICE PROVIDER:

Service Provider Name: _____ POC: _____

Telephone #: _____ Fax #: _____ Email: _____

7. EMPLOYEE or SERVICE MEMBER SIGNATURE:

8. SUPERVISOR/POINT OF CONTACT INFORMATION (Complete all fields):

Name: _____ Title: _____ Telephone/TTY: _____

Signature: _____ Email: _____

Privacy Act Statement

This statement serves to inform you of the purpose for collecting personal information required by the Computer/Electronic Accommodations Program (CAP) Portal and how it will be used.

AUTHORITY:	10 U.S.C. 1582, Assistive technology, assistive technology devices, and assistive technology services; 29 U.S.C. 794d, Electronic and information technology; 42 U.S.C. Chapter 126, Equal opportunity for individuals with disabilities; and DoD Instruction 6025.22, Assistive Technology (AT) for Wounded Service Members.
PURPOSE:	To collect information from an individual in order to determine whether that individual qualifies for the Computer/Electronic Accommodations Program (CAP) and what assistive technology is appropriate for that individual.
ROUTINE USES:	Collected information may be disclosed to Federal Government agencies participating in CAP as necessary to permit the agency to carry out its responsibilities under the program. Information may be provided to commercial vendors to permit the vendor to identify and provide assistive technology solutions for individuals with disabilities. Information may also be used and disclosed in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD "Blanket Routine Uses" published at: http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html .
DISCLOSURE:	Voluntary. However, failure to provide the requested information may result in you being considered ineligible for any CAP services.