SOUTHEAST MICHIGAN COMMUNITY ALLIANCE (SEMCA)
REASONABLE ACCOMMODATION POLICY/PROCEDURE

Policy
SEMCA and its contractors are committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal opportunity in employment of qualified persons with disabilities. All employment practices and activities are conducted on a non-discriminatory basis.

Scope of Reasonable Accommodation Policy
SEMCA and its service providers will provide reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities unless the accommodation constitutes an undue hardship.

Reasonable Accommodation provisions for Applicants/Participants and Registrants
Reasonable Accommodations for applicants/participants and registrants include provisions for:
- Modifying local procedures, as necessary, to ensure that an accommodation request can be made
- Restructuring job or training programs
- Developing modified work or training schedules
- Altering assessment/testing techniques that prevent the fair evaluation of skills
- Acquiring or modifying equipment or devices
- Making necessary alterations to the work or training site to ensure that facilities are accessible to individuals with disabilities.
- Providing auxiliary aids and services
- Use of Michigan Relay Center/TTY #

Reasonable Accommodation provisions for Employees and Applicants for Employment
Reasonable Accommodations for employees and applicants for employment include provisions for:
- Modifying local procedures, as necessary, to ensure that an accommodation request can be made
- Modifying the job application process
- Restructuring job or employment-related training programs
- Developing modified work schedules
- Altering assessment/testing techniques that prevent the fair evaluation of skills
- Providing auxiliary aids and services
- Acquiring or modifying equipment or devices
- Making necessary alterations to the work site to ensure that facilities are accessible to individuals with disabilities
- Implementing changes that enable an employee with a disability to enjoy equal benefits and privileges of employment

Reasonable Accommodation for the General Public
Reasonable Accommodations for the general public include provisions for:
• Modifying agency practices, as necessary, to ensure that an accommodations request can be made
• Providing auxiliary aids and services
• Acquiring or modifying equipment or devices
• Providing notification of the process individuals with disabilities are to follow to request accommodations needed to access services, activities or enjoy the benefits provided by the recipient to members of the general public who are not persons with disabilities

Procedures for Requesting an Accommodation
It is the responsibility of an individual with a disability to request an accommodation. Each accommodation request will be evaluated on a case-by-case basis, taking into consideration the requestor’s abilities and limitations due to disability and the essential functions associated with the activity, program, training or service the person is seeking to access. Individuals requesting an accommodation must:
• Complete a Reasonable Accommodations Request Form
• Submit the completed form to the designated Accommodations Coordinator at the facility where services are being sought; and
• Assist the service provider in obtaining information/medical documentation, as warranted

Confidentiality of Medical Information/Records
All information regarding the presence or nature of a disability will be treated as a confidential medical record and will be maintained in a secure manner. Access to such records will be restricted to personnel involved in administering the accommodations process and individuals authorized by the ADA to have a legitimate reason to access such information. On an as needed basis, disability information may be shared with workforce development professionals and community partners who work together in a cooperative effort to provide accommodations to customers with documented disabilities.

Procedures for Processing Reasonable Accommodation Requests
Every effort will be made to respond to an accommodation request in a timely manner. Generally, a decision will be issued within fifteen (15) working days. If the 15-day limit cannot be met, the Reasonable Accommodations Coordinator will contact the requestor to provide a status update and establish a specific date by which notification of a determination can be expected.

Review/Approval Process
After receiving a Reasonable Accommodation Request Form, the Accommodations Coordinator may take the following actions, as appropriate:
• Review the request for clarity/completeness
• Contact the requestor to discuss specific physical or mental abilities and limitations, clarify issues related to the request
• Request appropriate medical documentation describing the nature and extent of the disability
• Consult with external sources about the feasibility of accommodation strategies and the possibility of coordinated services or shared resources.
Where such action(s) substantiate the need for accommodations and results in the receipt of information sufficient to develop an accommodations response, the Chief Executive Officer will approve the request and provide the requestor with written notice of the agency determination.

**Scope of Approval**
The provider agency is not required to provide the specific accommodation requested and may choose an equally effective accommodation that is less expensive or easier to implement. Where there is more than one accommodation that would allow the individual with a disability to participate in services or activities, the provider will consider the preference of the individual with a disability in selecting the accommodation.

**Denial of Accommodation Request**
All denials of requests for reasonable accommodation will be provided in writing and will include an explanation of the reason(s) or rationale relied on in making the determination.

**Undue Hardship/Administrative Agency Review**
In cases where an Accommodation Request involves significant cost/impact issues, or the information provided results in a recommendation that the request be denied for undue hardship, providers shall forward the request to the SEMCA. SEMCA’s Chief Executive Officer will review the case file and issue a final determination in response to the request.

Other factors that may have a bearing on whether an accommodation would create an undue hardship will be reviewed on a case-by-case basis. Any decision not to provide an accommodation because of undue hardship will be communicated in a written determination, signed by SEMCA’s Chief Executive Officer and provided to the individual requesting the accommodation.

**Oversight/Enforcement**
Individuals experiencing problems in receiving a response to a request for reasonable accommodation, who disagree with the action(s) taken by a provider agency or think they may have been subjected to discrimination on the basis of disability should notify SEMCA’s Equal Opportunity Officer, Katherine Brady-Medley, E-mail: kate.bradymedley@semca.org, Phone: (734) 229-3500, Fax: (734) 229-3501.

This policy is neither exhaustive nor exclusive. SEMCA and its contractors are committed to taking all other actions necessary to ensure equal employment opportunity for persons with disabilities in accordance with the ADA and all other applicable federal, state and local laws.

[Signature]
Gregory E. Proniak
Chief Executive Officer

[Signature]
Date

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SOUTHEAST MICHIGAN COMMUNITY ALLIANCE (SEMCA) AND ITS SERVICE PROVIDERS

REQUEST FOR REASONABLE ACCOMMODATION(S) FORM FOR APPLICANTS/EMPLOYEES/PARTICIPANTS/REGISTRANTS/GENERAL PUBLIC

Part 1: To be completed by employee or program participant.

Applicants and Employees: Return to Human Resources
Program Participants/Registrants/General Public: Return to Case Manager

Date: ____________________

Name: ____________________

Address: ____________________

Phone Number: ____________________

1. Describe the accommodation you are requesting. Please be as specific as possible.

2. Describe how your condition limits your ability to:
   a. Perform the essential function(s) necessary for participation in a workforce development program/activity/service;
   b. Completing and submitting an Application for Employment;
   c. Renders you unable to perform the essential functions of your job; or
   d. Other.

3. Describe the services/equipment/other requested/needed. Please be as specific as possible.

4. Date accommodation is needed: ____________________ (allow up to 15 working days to process accommodation request)

5. Is the need for the accommodation likely to be temporary or permanent?
6. Do you have documentation to support your need for accommodation? If so, please attach. *(Medical documentation will be requested only in the event we need to review such documentation as it relates to your request.)*

7. Describe any accommodation(s) you have used in the past for the same disability.

I understand that the accommodation requested above may not be granted but that SEMCA will attempt to provide a reasonable accommodation that does not create an undue hardship on the organization and/or program.

REQUESTOR'S SIGNATURE: _________________________ DATE: ________

Part 2: To be completed by EO Officer or EO Liaison.

Human Resources: Forward to EO Officer
Case Managers: Forward to EO Liaison

ALTERNATIVE ACCOMMODATIONS (List in order of preference):
1. ___________________________________________
2. ___________________________________________

ACCOMMODATION AGREED ON: _________________________

REQUESTOR'S SIGNATURE: _________________________ DATE: ________

IF NO AGREEMENT, EXPLAIN: _________________________

☐ Approved ☐ Denied

EO Officer or EO Liaison SIGNATURE: _________________________ DATE: ________

IF DENIED, REASON FOR DENIAL: _________________________

NOTE: If the requested accommodation is denied because of undue hardship, an explanation of the undue hardship, will be attached to this form and signed by the Chief Executive Officer.