



USDA/CAP Partnership Accommodation Request



To request assistive technology accommodations and services through the USDA/CAP Partnership Program, please complete this form. *Requests through this program are only available to qualified USDA Federal employees.* If you need assistance, please contact the USDA TARGET Center at 202-720-2600 (v/tty).

USDA agency/office: _____

Employee: _____ **Phone/TTY:** _____

Email: _____ **Grade:** _____ **Occup. Series:** _____

Supervisor: _____ **Phone/TTY:** _____

Email: _____

IT Support: _____ **Phone/TTY:** _____

Email: _____

Disability Employment Program Manager (DEPM): _____

Email: _____ **Phone/TTY:** _____

Delivery address: _____

City, State, Zip _____
Phone/TTY _____

Please identify the item you are requesting including make, model and vendor (if applicable). Attach additional sheet if necessary.

Please identify your disability for CAP's record keeping purposes. Additional medical documentation may be requested by CAP and/or your agency to determine disability. Do not forward medical documentation to TARGET Center. Contact your DEPM or mission area designee if you or your supervisor need assistance with identifying a disability.

- Hearing Vision Cognitive Mobility/Dexterity Other

Please explain how your disability limits your ability to perform essential job functions and how the requested accommodation will assist you. Attach additional sheet if necessary.

For computer installed software and equipment only. To ensure compatibility between the requested computer equipment or software and your current system, please answer the following questions with assistance from your IT support person.

1. What operating system does your computer use? Windows 95 Windows 98
 Windows 2000 Windows NT Windows XP Macintosh Other _____
2. What is the brand name of your computer? _____
3. What is your processor speed? _____
4. How many MB RAM does your computer have? _____
*(Minimum: 128 MB RAM. *256 MB RAM is recommended)*
5. How much free space do you have on your hard drive? _____
6. Does your computer have a CD-ROM drive? YES NO
7. Does your computer have a sound card? YES NO If so, what type? _____
8. Does your computer have a modem? YES NO If so, what speed? _____

I certify the above information is correct to the best of my knowledge as indicated by my signature below. Signature certifies that the accommodation is necessary for a person with a disabling condition to accomplish an essential job requirement and that USDA Reasonable Accommodations Procedures have been followed. Any equipment purchased through the USDA CAP partnership becomes property of the USDA, not the individual with a disability. Further, the equipment maintenance beyond initial warranty period and additional supplies after receipt of equipment is the responsibility of the employee's agency.

Signature of Employee

Date

Signature of Supervisor

Date

Contact Information:
USDA TARGET Center
202-720-2600 (v/tty)
202-720-2681 (FAX)
Email: target-center@usda.gov
Website: <http://www.usda.gov/oo/target>

The USDA TARGET Center
Service that works.