

IowaWORKS

INTAKE QUESTIONNAIRE

**This information can be provided in an alternate format upon request.

GENERAL INFORMATION

Today's Date: [Click here to enter a date.](#)

Date Accommodations are required: [Click here to enter a date.](#)

If multiple dates must be entered make note here: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Last 4 of SS#: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Telephone #: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Birth Date: [Click here to enter text.](#)

DISABILITY INFORMATION

1. For what diagnosed disability are you seeking accommodations? (Check all that apply)

- Attention Deficit Disorder ADD / Attention Deficit Hyperactivity Disorder (ADHD)
- Learning Disability (LD)
- Blind / Visual Impairment
- Mental Health Impairment
- Deaf / Hard of Hearing (HOH)
- Mobility Impairment
- Speech Impairment
- Chronic Illness
- Brain Injury
- Autism
- Other (please specify): [Click here to enter text.](#)

2. Do you receive Social Security Disability (optional)? Yes No

Provide this form to the Disability Access Committee Liaison, Heather Stubbe -
Heather.Stubbe@niacc.edu - 641.422.1524

3. Please provide a descriptive narrative of your disability in your own words and explain how it affects you. [Click here to enter text.](#)

5. How does your condition impact you:

- In workshops (e.g. listening, note taking, speaking, writing, keyboarding, sitting attendance)

[Click here to enter text.](#)

- On Assessments (computer-based, written, time assessments)

[Click here to enter text.](#)

- When Communicating (e.g. reading, writing, speaking, hearing)

[Click here to enter text.](#)

- When Using Technology (e.g. keyboarding, computing, alternative format)

[Click here to enter text.](#)

- Mobility (e.g. manipulating objects, transportation, getting around)

[Click here to enter text.](#)

6. In general, have you received accommodations for this disability in the past?

Yes No

If yes, what auxiliary aids, assistive devices, support services, and accommodations have you used or are you currently using that are effective in lessening the impact of the disability? [Click here to enter text.](#)

UNDERSTANDING REASONABLE ACCOMMODATIONS AT IowaWORKS:

Reasonable accommodations are determined using an interactive process between the Disability Access Committee (DAC) Liaison and the person with a disability requesting accommodations, on a case by case basis. Communication will occur between parties to determine what accommodations are reasonable in each given situation. Note: Some requests may be reviewed by the DAC subcommittee if questions or concerns arise during the interactive process.

Once Reasonable Accommodations Are Identified:

Completing this form is only the initial step in the accommodation process. Due to the nature of some activities, a request should be made in advance for each activity that requires reasonable accommodations. Making requests in a timely manner help staff ensure the request can be provided.

You are your own advocate. It is your responsibility to request accommodations and to notify staff of the need for accommodations. You should report any concerns regarding accommodations to DAC.

Documentation of your disability may be required by DAC staff to determine reasonableness of your accommodation request.

CONFIDENTIALITY OF INFORMATION

The Disability Access Committee at IowaWORKS is committed to ensuring that all information and communication pertaining to a participant's disability is maintained as confidential as required or permitted by law and only shared among DAC, as necessary to ensure reasonable accommodations.

I affirm that the information contained in this form is true and accurate to the best of my knowledge. If any information changes, I will notify the Disability Access Committee.

(Requestor's Signature)

(Date)