



**Illinois Valley YMCA  
Request for Modifications/Auxiliary Aids and Services  
Case Management Form**

**Section A – INITIAL REQUEST FOR MODIFICATION/AUXILIARY AIDS AND SERVICES**

Prospective or Current Participant: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program Registration for: \_\_\_\_\_

Date Request Received: \_\_\_\_\_ Branch: \_\_\_\_\_

Dept.: \_\_\_\_\_

Person Making the Request (if not the prospective or current participant) and Relation to Prospective or Current Participant : \_\_\_\_\_

Parent/Guardian or Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

Nature of Request for Modification to Policies, Practices or Procedures and/or for Auxiliary Aids and Services:

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(If the request was submitted in writing, attach it to this form.)

## Section B – EVALUATION OF REQUEST

Discussion/Meeting with Prospective or Current Participant/Parent/Guardian (List all participants):

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Date of Discussion/Meeting: \_\_\_\_\_

In-Person Meeting?  Yes  No

If no, describe setting for meeting  
(Phone/Other): \_\_\_\_\_

Summary of Discussion/Meeting: \_\_\_\_\_

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Next Steps:<sup>1</sup> \_\_\_\_\_

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**ATTACH ADDITIONAL SECTION B PAGE FOR EACH DISCUSSION/MEETING**

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<sup>1</sup> The Branch ADA Compliance Officer, in conjunction with the Association Office ADA Compliance Officer, may make a narrowly tailored request for medical documentation relating to the disability and any necessary modifications/auxiliary aids and services if needed.

**Section C – DECISION**

All Determinations Must Follow the Illinois Valley YMCA Guidelines for Evaluating Requests for Modifications/Auxiliary Aids and Services (“Guidelines”).

**Check here to confirm that all Guidelines were reviewed and followed:**

Date of Determination: \_\_\_\_\_

Determination:

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Date Communication sent to Prospective or Current Participant/Parent/Guardian: \_\_\_\_\_  
**(Attach a copy of all communications sent to Prospective or Current Participant/Parent/Guardian)**

If Request Was Granted, Was an Action Plan executed?  Yes  No

**(Attach the executed Action Plan. If not executed, list steps to be taken to ensure an Action Plan will be completed promptly and attach when executed.)**

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Signature: \_\_\_\_\_

ADA Compliance Officer, \_\_\_\_\_ Branch