

CITY OF OAKLAND
Office of Parks, Recreation & Youth Development (OPRYD)

ADA Accommodation / Inclusive Recreation Application Form

The City welcomes and encourages the participation of children and adults with disabilities in civic life. OPRYD administers services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities and makes reasonable accommodations and modifies its policies, practices and procedures for qualified individuals as required by the Americans with Disabilities Act. The Office of Parks, Recreation & Youth Development (OPRYD) makes every reasonable effort to ensure that programs, activities, and services, when viewed in their entirety, are readily accessible to and usable by individuals with disabilities. OPRYD is not required to make accommodations or modifications that would fundamentally alter the nature of its services, programs, or activities.

What is the process?

1. Participants (or parent/guardian) who are requesting ADA Accommodations for general OPRYD programs AND / OR requesting admission to Inclusive Services programs must complete this application form. The completed form should be received by the Inclusion Program Director at least 10 working days prior to the anticipated program start date: Bianca Posada, OPRYD / Inclusive Services Program, 250 Frank H. Ogawa Plaza, Suite 3330, Oakland, CA 94612, OR bposada@oaklandca.gov.
2. The Recreation Supervisor reviews the application, requests additional information or clarification from the applicant, and coordinates site visit(s) and other meetings as required.
3. OPR typically provides final disposition on accommodation requests within 10 working days of receipt of all necessary information from the applicant.

Part I: General Information

Date of Request _____ Participant's Name _____

DOB/Age _____ Gender _____

Name of Person Making Request _____ Relationship to Participant _____

Parent(s)/Guardian(s) _____

Address _____ Primary Phone _____
Street City Zip

Alternative Phone: _____ Email _____

OPRYD Program(s) Requested _____

Facility Name(s) _____

Regional Center of the East Bay Consumers only:

School: _____ Case Manager: _____

Name of Participant: _____

Part II: Provide all pertinent Medical/Disability/Behavioral Information: _____

Note: If Applicant believes the participant needs a reasonable accommodation to fully participate in the program(s) for which he or she is applying, Applicant must provide ALL information, in writing, regarding the full set of modifications and accommodations needed by the participant so that the City can determine whether the requested reasonable accommodation(s) can be provided without fundamentally altering any program or creating any undue financial and administrative burdens. The City may require a doctor's note to certify that the information provided is accurate and complete and/or to determine if and how it will fulfill accommodation requests. Providing false information may result in the dismissal of the participant from the program.

Part III: Requested Modifications & Accommodations (please check ALL that apply):

- | | |
|---|---|
| <input type="checkbox"/> Orientation to Recreation Center | <input type="checkbox"/> Auxiliary aids and services (choose all that apply): |
| <input type="checkbox"/> Modification to program rules | <input type="checkbox"/> Braille translation |
| <input type="checkbox"/> Equipment modification | <input type="checkbox"/> Large print materials |
| <input type="checkbox"/> Other program modification | <input type="checkbox"/> Information by email |
| <input type="checkbox"/> Program location change | <input type="checkbox"/> Audio-tape materials |
| | <input type="checkbox"/> Sign language interpreting |
| | <input type="checkbox"/> Real-time captioning |
| | <input type="checkbox"/> Assistive listening device |
| | Other (Specify: _____) |
| <input type="checkbox"/> Physical access (Specify: _____) | |
| <input type="checkbox"/> Personal assistance (Specify: _____) | |

Note: the ADA does not require OPRYD to provide to individuals with disabilities personal devices, such as wheelchairs; individually prescribed devices, such as prescription eyeglasses or hearing aids; readers for personal use or study; or services of a personal nature including assistance in eating, toileting, or dressing.

Please fully describe all items checked above: _____

I certify that all the information provided above is accurate and complete:

Applicant, Parent or Guardian Printed Name: _____

Applicant Parent or Guardian Sign and Date: _____