



**COUNTY OF ORANGE  
SOCIAL SERVICES AGENCY  
REASONABLE ACCOMMODATION REQUEST FORM FOR THE PUBLIC**

**Civil Rights Unit**  
P.O. BOX 22001  
Santa Ana, CA 92705  
Fax: (714) 435-5950  
<https://benefitscal.com/>  
[ssapicivilrights@ssa.ocgov.com](mailto:ssapicivilrights@ssa.ocgov.com)

In accordance with The Americans with Disabilities Act (ADA) Title II, individuals with disabilities have the right to reasonable accommodations for equal access to benefits and services, including support for physical, mental, or developmental disabilities. Pursuant to Section 504 of the Rehabilitation Act, Social Services Agency (SSA) does not tolerate discrimination by any employee and is committed to protecting civil rights for everyone. The Civil Rights/ADA Coordinator is responsible for handling the disability complaint procedure.

Please inform SSA staff and/or complete the form if you need a reasonable accommodation or assistance because of a disability in order to participate in services.

**1. Contact Information (Requester/Individual Assisting Requester)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Program Information:**

Name of Program: \_\_\_\_\_

Case Number: \_\_\_\_\_

Location: \_\_\_\_\_

**3. Describe the type of accommodation (modification) being requested:**

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**4. Is there any other information related to your request that you would like SSA to know?**

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<b>Signature:</b>	<hr/>	<b>Date:</b>	<hr/>
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(Requester or Individual Assisting Requester if Unable to Sign)

For Office Use Only	
Received By:	Date:
Imaged By:	Date: