**HCR Applicants, Participants, Beneficiaries and Other Interested Persons**  
**Application to Request**  
**Reasonable Accommodation of a Disability**

This form should be returned to HCR’s Designee for Reasonable Accommodation (DRA), Sev Moro at:  
[Accessibility@nyshcr.org](mailto:Accessibility@nyshcr.org), Hampton Plaza, 38-40 State Street, 3rd Floor Personnel, Albany, NY 12207, (phone) (518) 473-6981.

*(To be completed by individual and returned to DRA)*

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<th>Name</th>
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<th>E-mail address:</th>
<th>Telephone Number(s)</th>
<th>Preferred method of communication:</th>
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I am requesting the following reasonable accommodation(s), at the following location(s) and time(s):

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It is necessary for me to have this accommodation for the following reason(s):

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The individual should retain a copy of this form.