Governor's Office of Elderly Affairs

Effective Date: October 6, 2021

SUBJECT: AMERICANS WITH DISABILITIES ACT (ADA)

AUTHORIZED BY:

Shirley Merrick — 10/25/2021

Shirley Merrick, Appointing Authority — **DATE**

I. POLICY

The **Governor's Office of Elderly Affairs (GOEA)** is fully committed to ensuring compliance with the requirements of the Americans with Disabilities Act and its Amending Act of 2008 (collectively ADA) to include:

- Title I: Prohibits discrimination against qualified individuals with disabilities in all employment practices, including recruitment, hiring, advancement, compensation, fringe benefits, job training and other terms, conditions and privileges of employment. Upon request, GOEA shall engage in an interactive process and may approve a reasonable accommodation, unless the Requestor is not a qualified individual; doing so poses an undue hardship to the agency; or poses a direct threat to the health or safety of the individual with a disability or others.

- Title II: Ensures qualified individuals with disabilities have equal access to the full range of programs, services, activities and facilities of the agency. Upon request, GOEA may provide a reasonable accommodation, unless the Requestor is not a qualified individual; doing so would fundamentally alter the nature of the agency's service, program or activity; or poses a direct threat to the health or safety of the individual with a disability or others.

II. PURPOSE

The purpose of this policy is to outline GOEA's standards and procedures for purposes of ADA compliance.

III. APPLICABILITY

This policy applies to all GOEA employees, applicants for employment, and members of the general public that receive services from GOEA.

IV. DEFINITIONS

A. Disability: Under the ADA, an individual with a disability is a person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities;
2. Has a record of such impairment; or
3. Is regarded as having such impairment as described in item #1 above.

B. Impairment: Any physiological, mental or psychological disorder or condition, including those that are episodic or in remission, that substantially limits one or more major life activities when active.

C. Substantially Limits: An impairment that prevents the ability of an individual to perform one or more major life activities as compared to most people in the general population when taking into consideration factors such as the nature, severity, duration and long-term impact of the condition. Such consideration must be regardless of any mitigating measures such as modifications, auxiliary aids or medications used to lessen the effects of the condition (except for use of ordinary eyeglasses or contact lenses).

D. Major Life Activities:

1. Generally, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others and working; and
2. The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

E. Essential Functions: The fundamental and primary job duties of a position. Considerations in determining whether a function is essential include such factors as the written job description; whether the reason the position exists is to perform that function; the limited number of employees available to perform that function; and the degree of expertise required to perform the function.

F. Qualified Individual:

1. Under Title I, an individual with a disability who meets the requisite skill, experience, and education requirements for the position and who can perform the essential functions of the position held or applied for, with or without reasonable accommodation(s).
2. Under Title II, an individual with a disability who meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by GOEA, with or without reasonable accommodation(s).

G. Reasonable Accommodations:

1. Under Title I, a modification or adjustment to the work environment that will enable a qualified individual with a disability to:
   a. Participate in the testing, application and/or interview process;
   b. Perform the essential functions of the job; or
   c. Provide equal opportunity to the benefits and privileges of employment.
2. Under Title II, a modification that permits an individual with a disability to effectively communicate with GOEA and/or ensure equal opportunity relative to GOEA's programs, services, activities and facilities.

H. Undue Hardship: An accommodation that would be unduly costly, extensive, substantial or disruptive, in light of factors such as the size of the agency, the resources available and the nature of the agency's business operations.

I. Direct Threat: A significant risk of substantial harm to the health or safety of an individual with a disability or others that cannot be eliminated or reduced by reasonable accommodation.

J. ADA Coordinator: The GOEA representative responsible for facilitating the interactive, evaluation process relative to any request for accommodation, whose name and contact information is provided below.

Name:	**Angela Calhoun**
Address:	**P.O. Box 61, Baton Rouge, Louisiana 70821-0061**
Phone #:	**(225) 342-9677**
Email:	**Angela.Calhoun@la.gov**

V. PROCEDURES FOR REQUESTING A REASONABLE ACCOMMODATION

It is the responsibility of the qualified individual with a disability to request a reasonable accommodation(s) when needed. To do so, the individual:

- May initiate a request either verbally or in writing. If in writing, the qualified individual with a disability should complete the Request for Accommodation

Form. If the individual needs assistance to complete the request form, GOEA will provide such assistance;

- Must submit the request to the appropriate person for the nature of the accommodation requested (as further explained below); and

- Must timely and cooperatively participate in the interactive process (as further described therein).

If the accommodation request is from a **GOEA** employee, he/she may be required, as part of the interactive process, to provide the ADA Coordinator with medical documentation from their health care provider describing the nature of the disability and the functional limitations thereof.

A. Employment (Title I)

1. Application/Testing Process

A qualified individual with a disability may address an accommodation request relative to the application and/or testing process to the following, dependent upon the Job Type indicated on the vacancy announcement:

a. For Classified Jobs: Contact State Civil Service, Testing and Recruiting Office at (225) 925-1911. For more information regarding accommodations, applicants may go to https://jobs.civilservice.louisiana.gov/TestInformation/Accommodations.aspx.
b. For Unclassified Jobs: Contact the GOEA representative identified in the vacancy announcement for the job being sought. The GOEA representative shall notify and collaborate with the ADA Coordinator to address the accommodation request.

2. Interview Process

If contacted for an interview, a qualified individual with a disability should notify the hiring manager at that time if an accommodation is needed in order to participate in the interview and, if so, the nature of the accommodation. The hiring manager shall notify and collaborate with the ADA Coordinator to address the accommodation request.

3. Performance of Essential Functions

A qualified individual with a disability may address an accommodation request related to the performance of the essential functions of a job to the following:

a. If needed prior to or at the time of hire for a position, the accommodation request should be submitted to the person with whom the individual interviewed.
b. If employed by GOEA and needed for the current job held, the accommodation request should be addressed to the immediate supervisor.

The interviewer or immediate supervisor shall notify and collaborate with the ADA Coordinator to address the accommodation request. Such requests must include the duties the individual is unable to perform and the accommodation(s) requested. Such accommodations may include job restructuring, use of accrued paid leave (or once exhausted, unpaid leave), modified or part-time work schedules, acquiring equipment or reassignment.

4. Benefits and Privileges of Employment

An employee seeking an accommodation related to the benefits and/or privileges associated with employment should notify the immediate supervisor. The immediate supervisor shall notify and collaborate with the ADA Coordinator to address the accommodation request. Such requests should include the benefits and/or privileges of employment in which the individual is unable to participate and the accommodation requested. Such accommodations may include restructuring work areas, lunchrooms, break rooms, training rooms and restrooms to make them available and accessible to all employees.

> **NOTE:** Guidelines that govern facility standards are based on the date of original construction. Additional guidelines may apply when renovations or alterations are undertaken. GOEA shall coordinate construction and renovation in conjunction with appropriate state departments, as well as building code, regulatory and leasing entities, as applicable.

5. Pregnancy, Childbirth or Related Medical Condition

In accordance with La. R.S. 23:341-342, an applicant or employee with limitations arising from pregnancy, childbirth or related medical conditions may request an accommodation to the immediate supervisor. The immediate supervisor shall notify and collaborate with the ADA Coordinator to address the accommodation request. Such accommodations may include but are not limited to: providing more frequent, compensated break periods; providing a private place, other than a bathroom stall, for purposes of expressing breast milk; modifying food

or drink policy; and other accommodations that permit the individual to reduce or eliminate the need for leave.

NOTE: Accommodation requests and information collected during the associated interactive process shall be limited to only those individuals with a business need-to-know.

B. Effective Communication (Title II)

A qualified individual with a speech, hearing or vision impairment may request an accommodation to the ADA Coordinator and shall be furnished with appropriate auxiliary aids and services so that the individual can participate equally in GOEA's programs, services and activities. Such auxiliary aids may include qualified sign language interpreters, documents in Braille and other ways of making information and communication accessible. Anyone who requires an auxiliary aid or service for effective communication should contact the ADA Coordinator as soon as possible but no later than 48 hours before the scheduled event.

C. Modifications to Policies, Procedures, or Facilities (Title II)

A qualified individual with a disability seeking modifications to policies, procedures or facilities for equal opportunity to enjoy GOEA's programs, services and activities should contact the ADA Coordinator. Such requests should include the specific program, service or facility that the individual is unable to access and the accommodation(s) requested.

VI. INTERACTIVE PROCESS - EVALUATION OF ACCOMMODATION REQUESTS

Upon receipt, the individual to whom an accommodation request was submitted must immediately notify the ADA Coordinator. The ADA Coordinator shall:

- Document the request, if not submitted in writing by the Requestor, on the Request for Accommodation Form;
- Notify the Requestor, if he/she is a current GOEA employee, whether a completed Medical Inquiry Form from a health care provider is required;
- Engage in an interactive process involving consultation with the Requestor, the treating physician (if applicable) and agency management;
- Confer with the Louisiana Rehabilitation Services and/or Job Accommodation Network (JAN), as deemed appropriate, to help evaluate the availability of accommodation options and resources related thereto;
- Where appropriate, discuss any alternative, equally effective accommodations with the Requestor;
- Recommend to, and secure approval from, the Appointing Authority as to the final determination of the accommodation request; and

- Notify the Requestor, in writing, of the final determination, including information regarding the internal grievance procedure.

Individuals with disabilities are encouraged to suggest accommodations based upon their own life and/or work experiences. Such requested accommodations will be duly considered. Nonetheless, GOEA reserves the right to select an equally effective accommodation that may be less expensive or impactful on business operations. All accommodation requests will be evaluated thoroughly and objectively on a case-by-case basis.

VII. INTERNAL COMPLAINT PROCEDURE

The following internal grievance procedures are available to individuals with disabilities for resolution of complaints regarding the disposition of an accommodation request or asserting any action that would be prohibited by the ADA:

A. Employees: GOEA employees may file an internal grievance in accordance with GOEA's Grievance Policy, and elevate the complaint directly to Step 3.

B. Applicants or General Public: Complaints regarding the application/testing/interview process or accessibility of a program, service or activity of the **GOEA** may be addressed to **Angela Calhoun**, by writing to: **P.O. Box 61, Baton Rouge, LA 70821-0061**; or calling **(225) 342-9677**.

VIII. PROTECTIONS

No individual shall be discriminated or retaliated against, coerced, intimidated, threatened, harassed or interfered with for:

- Making an accommodation request;
- Opposing any act or practice made unlawful by the ADA;
- Filing a charge, testifying, assisting or otherwise participating in an investigation, proceeding or hearing to enforce any provision of the ADA;
- Aiding or encouraging another individual in the exercise of any right granted or protected by the ADA; or
- Having a family, business, social or other relationship or association with an individual with a known disability.

IX. PUBLIC NOTICE

To ensure accessibility by all interested persons, this policy shall be made available on the **GOEA's** public website located at **goea.la.gov**, as well as a notice posted conspicuously for access by the public in each of the **GOEA's** facilities.

X. DOCUMENTATION

Forms associated with this policy are available in the forms section of the GOEA Personnel manaual or by request to the ADA Coordinator.

- Request for Accommodation Form
- Medical Inquiry Form

XI. CONFIDENTIALITY

All documentation obtained as part of an accommodation request, including medical and other relevant information, shall be maintained as confidential records, separate from the employee's personnel file, and subject to disclosure only as allowed by law or with the individual's permission.

XII. ADDITIONAL RESOURCES

For additional resources, individuals with disabilities may contact Rikki Nicole David, State ADA Coordinator, at rikki.david@la.gov or (225) 342-1243.

Individuals may also contact or file a complaint with the following:

- U.S. Equal Employment Opportunity Commission (EEOC) pursuant to Title I (29 CFR § 1630.1 – 1630.16) at 1-800-669-4000, 1-800-669-6820 (TTY for Deaf/Hard of Hearing callers only) or 1-844-234-5122 (ASL Video Phone for Deaf/Hard of Hearing callers only).
- Louisiana Commission on Human Rights pursuant to La. R.S. 23:323 et seq at 225-342-6969; or
- U.S. Department of Justice (DOJ), Civil Rights Division, pursuant to Title II (28 CFR § 35.101 – 35.190) at 202-514-3847 or 202-514-0716 (TTY for Deaf/Hard of Hearing callers only).

Be advised that strict time limitations apply for filing complaints with these governmental agencies.

REQUEST FOR ACCOMMODATION FORM

CONFIDENTIALITY STATEMENT:
A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

SECTION 1: REQUESTOR INFORMATION

Requestor's Name: _____

Requestor is *(check only one)*: ☐ Employee ☐ Job Applicant ☐ Visitor / Public

Requestor's Email Address: _____

Requestor's Phone #: _____

If Requestor is an employee, also provide: Job Title: _____

Division/Unit: _____ Supervisor's Name: _____

SECTION 2: REQUESTED ACCOMMODATION *(Attach a separate sheet if additional space is needed)*

A. Please describe the nature of your disability and the functional limitations resulting therefrom.

_____

_____

_____

B. Check the type of accommodation requested. Use the blank space provided to the right to further explain reason for the requested accommodation.

	Accommodation Type:	Reason for Accommodation Request:
1.	☐ Application/Testing Process Explain the specific application/testing requirement for which accommodation is requested: (→)	
2.	☐ Participating in a Job Interview Identify the Date/Time/Location of the job interview for which an accommodation is requested: (→)	
3.	☐ Performance of Essential Functions of Your Job Explain the job duties for which accommodation is requested: (→)	
4.	☐ Benefits/Privileges of Employment Explain the benefits or privileges of employment for which accommodation is requested: (→)	
5.	☐ Pregnancy, Childbirth or Related Condition Explain how pregnancy, childbirth or a related condition affects your ability to perform your job: (→)	
6.	☐ Effective Communication Identify the Date/Time/Location for which an auxiliary aid is requested: (→)	
7.	☐ Access to Programs, Services or Facilities Identify the specific program, service or facility for which access is needed: (→)	

C. Describe the accommodation(s) requested. *(Identify specific auxiliary aid requested, if applicable)*

_____

_____

_____

Requestor's Signature: _____ Date: _____

SECTION 3: TO BE COMPLETED BY AGENCY ADA COORDINATOR

CONFIDENTIALITY STATEMENT:
A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

a. Process Tracking:
   1. Date the Request for Accommodation was prepared/signed by Requestor: _____
   2. Date the Request for Accommodation was received by ADA Coordinator: _____
   3. Date of initial contact with Requestor *(initiate interactive process)*: _____
   4. Date(s) of follow-up contact with Requestor: _____ _____ _____
   5. Date the Request for Accommodation was discussed with Appointing Authority: _____
   6. If applicable, date the alternative accommodation(s) was discussed with Requestor: _____
   7. Date Requestor was notified of final accommodation determination: _____
   8. Date Requestor was notified of internal grievance procedure: _____

b. Is there an equally effective accommodation(s), other than the one requested, that would satisfy the request? *(Consult with www.askjan.org or Louisiana Rehabilitation Services, if necessary)* ☐ Yes ☐ No

   If Yes, please identify: _____

c. Was an accommodation granted? ☐ Yes *(Proceed to section d. below)* ☐ No *(Proceed to section e. below)*

d. Accommodation Granted:

   Was the accommodation granted the same as the one requested? ☐ Yes ☐ No

   If an alternative, equally effective accommodation was granted, explain the reason this option was selected rather than the one requested. *(Reason for alternative accommodation should be fully documented.)*

   _____

e. Denial of Accommodation:

   Check reason for denial **and** provide further explanation below. *(Denials should be fully documented.)*

   ADA Title I (for employees / applicants)
   - ☐ Requestor is not a "qualified individual" (See Definition in agency policy)
   - ☐ Accommodation would pose an undue hardship to the agency
   - ☐ Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

   ADA Title II (for visitor / public)
   - ☐ Requestor is not a "qualified individual" (See Definition in agency policy)
   - ☐ Accommodation would fundamentally alter the nature of the agency's service, program or activity
   - ☐ Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

   _____

ADA Coordinator's Signature: _____ Date: _____

MEDICAL INQUIRY FORM
RESPONSIVE TO ACCOMMODATION REQUEST

FOR COMPLETION BY EMPLOYEE

Employee's Name: _____

CONFIDENTIALITY STATEMENT:
A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

Authorization for Release of Medical Information

I authorize my Healthcare Provider to release medical information that is specifically related to and necessary for my employer to determine whether I have a disability for which an accommodation(s) may be needed. I authorize my Healthcare Provider to speak directly to my Agency ADA Coordinator in regards to my medical condition and its effects upon my ability to perform the essential functions of my job. I understand that I may refuse to sign this Authorization. However, I understand that my failure to permit these disclosures may impact my employer's ability to fully address my request for accommodation.

Employee's Signature: _____ Date: _____

FOR COMPLETION BY HEALTHCARE PROVIDER

SECTION 1: Questions to determine whether employee has a disability

For reasonable accommodation under the Americans with Disabilities Act (ADA), an employee has a disability if he/she has an impairment that substantially limits one or more major life activities or has a record of such an impairment. The following information may help to determine whether an employee has a disability:

Does the employee have a physical or mental impairment?

☐ Yes *(proceed to section A. below)* ☐ No *(discontinue completion of form)*

A. What is the impairment or the nature of the impairment? _____

_____

_____

_____

_____

B. Does the impairment substantially limit a major life activity as compared to the general population?

☐ Yes ☐ No

C. What major life activity(s) and/or major bodily function(s) is limited?

Major Life Activities:

☐ Bending	☐ Eating	☐ Lifting	☐ Seeing	☐ Standing
☐ Breathing	☐ Hearing	☐ Performing Manual Tasks	☐ Sitting	☐ Thinking
☐ Caring for Self	☐ Interacting with Others	☐ Reaching	☐ Sleeping	☐ Walking
☐ Concentrating	☐ Learning	☐ Reading	☐ Speaking	☐ Working

☐ Other: _____

Major Bodily Functions:

☐ Bladder	☐ Circulatory	☐ Hemic	☐ Neurological	☐ Respiratory
☐ Bowel	☐ Digestive	☐ Immune	☐ Normal Cell Growth	☐ Special Sense Organs & Skin
☐ Brain	☐ Endocrine	☐ Lymphatic	☐ Operation of an Organ	
☐ Cardiovascular	☐ Genitourinary	☐ Musculoskeletal	☐ Reproductive	

☐ Other: _____

D. Describe any functional limitations caused by the impairment:_____

_____

_____

_____

_____

_____

SECTION 2: Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following information may help determine whether the requested accommodation is needed because of the disability:

A. What job duties is the employee unable to perform or having difficulty performing?

_____

_____

_____

_____

_____

B. How does the employee's functional limitation(s) interfere with his/her ability to perform required job duties? _____

_____

_____

_____

_____

_____

Health Care Provider's Signature: _____ **Date:** _____

Health Care Provider's Name (Printed): _____

Practice Specialty: _____

Clinic Name: _____

Address: _____

Telephone #: _____ Fax #: _____

RETURN COMPLETED FORM DIRECTLY TO Angela Calhoun, AGENCY ADA COORDINATOR

By Fax to: (225) 342-9677; or, email to: Angela.Calhonun@la.gov

REQUEST FOR ACCOMMODATION FORM

CONFIDENTIALITY STATEMENT:
A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

SECTION 1: REQUESTOR INFORMATION

Requestor's Name: _____

Requestor is *(check only one)*: ☐ Employee ☐ Job Applicant ☐ Visitor / Public

Requestor's Email Address: _____

Requestor's Phone #: _____

If Requestor is an employee, also provide: Job Title: _____

Unit: _____ Supervisor's Name: _____

SECTION 2: REQUESTED ACCOMMODATION *(Attach a separate sheet if additional space is needed)*

A. Please describe the nature of your disability and the functional limitations resulting therefrom.

_____

_____

_____

B. Check the type of accommodation requested. Use the blank space provided to the right to further explain reason for the requested accommodation.

	Accommodation Type:	Reason for Accommodation Request:
1.	☐ Application/Testing Process Explain the specific application/testing requirement for which accommodation is requested: (→)	
2.	☐ Participating in a Job Interview Identify the Date/Time/Location of the job interview for which an accommodation is requested: (→)	
3.	☐ Performance of Essential Functions of Your Job Explain the job duties for which accommodation is requested: (→)	
4.	☐ Benefits/Privileges of Employment Explain the benefits or privileges of employment for which accommodation is requested: (→)	
5.	☐ Pregnancy, Childbirth or Related Condition Explain how pregnancy, childbirth or a related condition affects your ability to perform your job: (→)	
6.	☐ Effective Communication Identify the Date/Time/Location for which an auxiliary aid is requested: (→)	
7.	☐ Access to Programs, Services or Facilities Identify the specific program, service or facility for which access is needed: (→)	

C. Describe the accommodation(s) requested. *(Identify specific auxiliary aid requested, if applicable)*

_____

_____

_____

Requestor's Signature: _____ Date: _____

SECTION 3: TO BE COMPLETED BY AGENCY ADA COORDINATOR

CONFIDENTIALITY STATEMENT:
A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

a. Process Tracking:
   1. Date the Request for Accommodation was prepared/signed by Requestor: _____
   2. Date the Request for Accommodation was received by ADA Coordinator: _____
   3. Date of initial contact with Requestor *(initiate interactive process)*: _____
   4. Date(s) of follow-up contact with Requestor: _____ _____ _____
   5. Date the Request for Accommodation was discussed with Appointing Authority: _____
   6. If applicable, date the alternative accommodation(s) was discussed with Requestor: _____
   7. Date Requestor was notified of final accommodation determination: _____
   8. Date Requestor was notified of internal grievance procedure: _____

b. Is there an equally effective accommodation(s), other than the one requested, that would satisfy the request? *(Consult with www.askjan.org or Louisiana Rehabilitation Services, if necessary)* ☐ Yes ☐ No

   If Yes, please identify: _____

   _____

   _____

c. Was an accommodation granted? ☐ Yes *(Proceed to section d. below)* ☐ No *(Proceed to section e. below)*

d. Accommodation Granted:

   Was the accommodation granted the same as the one requested? ☐ Yes ☐ No

   If an alternative, equally effective accommodation was granted, explain the reason this option was selected rather than the one requested. *(Reason for alternative accommodation should be fully documented.)*

   _____

   _____

   _____

e. Denial of Accommodation:

   Check reason for denial **and** provide further explanation below. *(Denials should be fully documented.)*

ADA Title I (for employees / applicants)

- ☐ Requestor is not a "qualified individual" (See Definition in agency policy)
- ☐ Accommodation would pose an undue hardship to the agency
- ☐ Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

ADA Title II (for visitor / public)

- ☐ Requestor is not a "qualified individual" (See Definition in agency policy)
- ☐ Accommodation would fundamentally alter the nature of the agency's service, program or activity
- ☐ Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

_____

_____

ADA Coordinator's Signature: _____ Date: _____

MEDICAL INQUIRY FORM
RESPONSIVE TO ACCOMMODATION REQUEST

FOR COMPLETION BY EMPLOYEE

Employee's Name: _____

CONFIDENTIALITY STATEMENT:
A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

Authorization for Release of Medical Information

I authorize my Healthcare Provider to release medical information that is specifically related to and necessary for my employer to determine whether I have a disability for which an accommodation(s) may be needed. I authorize my Healthcare Provider to speak directly to my Agency ADA Coordinator in regards to my medical condition and its effects upon my ability to perform the essential functions of my job. I understand that I may refuse to sign this Authorization. However, I understand that my failure to permit these disclosures may impact my employer's ability to fully address my request for accommodation.

Employee's Signature: _____ Date: _____

FOR COMPLETION BY HEALTHCARE PROVIDER

SECTION 1: Questions to determine whether employee has a disability

For reasonable accommodation under the Americans with Disabilities Act (ADA), an employee has a disability if he/she has an impairment that substantially limits one or more major life activities or has a record of such an impairment. The following information may help to determine whether an employee has a disability:

Does the employee have a physical or mental impairment?

☐ Yes *(proceed to section A. below)* ☐ No *(discontinue completion of form)*

A. What is the impairment or the nature of the impairment? _____

_____

_____

_____

_____

B. Does the impairment substantially limit a major life activity as compared to the general population?

☐ Yes ☐ No

C. What major life activity(s) and/or major bodily function(s) is limited?

Major Life Activities:

☐ Bending	☐ Eating	☐ Lifting	☐ Seeing	☐ Standing
☐ Breathing	☐ Hearing	☐ Performing Manual Tasks	☐ Sitting	☐ Thinking
☐ Caring for Self	☐ Interacting with Others	☐ Reaching	☐ Sleeping	☐ Walking
☐ Concentrating	☐ Learning	☐ Reading	☐ Speaking	☐ Working

☐ Other: _____

Major Bodily Functions:

☐ Bladder	☐ Circulatory	☐ Hemic	☐ Neurological	☐ Respiratory
☐ Bowel	☐ Digestive	☐ Immune	☐ Normal Cell Growth	☐ Special Sense

☐ Brain ☐ Endocrine ☐ Lymphatic ☐ Operation of an Organ Organs & Skin
☐ Cardiovascular ☐ Genitourinary ☐ Musculoskeletal ☐ Reproductive
☐ Other: _____

D. Describe any functional limitations caused by the impairment:_____
_____
_____
_____
_____
_____

SECTION 2: Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following information may help determine whether the requested accommodation is needed because of the disability:

A. What job duties is the employee unable to perform or having difficulty performing?
_____
_____
_____
_____
_____

B. How does the employee's functional limitation(s) interfere with his/her ability to perform required job duties? _____
_____
_____
_____
_____
_____

Health Care Provider's Signature: _____ **Date:** _____

Health Care Provider's Name (Printed): _____
Practice Specialty: _____
Clinic Name: _____
Address: _____
Telephone #: _____ Fax #: _____

RETURN COMPLETED FORM DIRECTLY TO Angela Calhoun, AGENCY ADA COORDINATOR
By Fax to: (225) 342-9677; or, email to: Angela.Calhonun@la.gov