

Disability Accommodation Reimbursement Grant Request Form

Please provide all the requested information to ensure timely processing of your request. Requests are not complete unless a receipt is attached.

1. Were outside community resources consulted in securing partial funding for or arranging accommodation, such as coordinating with the Department of Vocational Rehabilitation?

No ____ If Yes, please describe:

2. Name of Applying Organization:
3. Grant Number:
4. Organization Single Point of Contact Name for Request:
5. Single Point of Contact Email Address:
6. Single Point of Contact Telephone Number:
7. Attention to and address to which the check should be remitted:

Note: The prime applicant must indicate knowledge and approval of the accommodation reimbursement request. All payments will be made to the prime grantee only.

8. Member NSPID(s):
9. Type of Disability:
10. Type of Accommodation:
11. Please provide a brief statement as to how the accommodation helps the member(s) achieve full participation in their service assignment(s):
12. Requested Reimbursement Amount: \$
13. Is this a one-time reimbursement request or a quarterly request for multiple reimbursements?
One-time ____ Quarterly ____

Please batch multiple requests into quarterly submissions with an itemized summary.

14. If this is not a one-time request and you foresee batching receipts on a quarterly basis, what is your projected cost for the fiscal year for this member (please provide cost, not a range): \$

The completed request form must be submitted via email to Accommodations@cns.gov with organization name and the NSPID in the subject line of the email.

Reimbursement payments will be made on a first-come, first-served basis until funds are exhausted once a completed request form is submitted with attached receipts.