

Hartford Accommodations Request

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Please be aware the Town will conduct a review and initial assessment by contacting the patron prior to the beginning of the program. The Town will then create an accommodation plan to be implemented. Hartford Parks & Recreation reserves the right to deny a request if a modification are not supported by the data in the assessment or documentation, the patron does not meet the essential eligibility criteria the request does not fall under the requirements of the Americans with Disabilities Act.

Personal Care:

All participants must be able to conduct services of a personal nature (feeding, dressing, toileting) independently. Staff are not required to assist participants preform services of a personal nature. If a participant requires personal care a caregiver may attend with the participant. For more information please contact Hartford Parks & Recreation.

Medications:

Hartford Park and Recreation staff are not allowed to administer medication during the program without the parents' consent. We require participants to fill out a separate medication forms.

Care Providers:

Anyone supporting a participant with accommodations and support needs can receive free entrance to the program or facility. Individuals must pass the Hartford Parks & Recreation Volunteer process including background checks. For more information please contact Hartford Parks & Recreation.

Non- Discrimination:

We do not discriminate on the basis of race, creed, color, national origin, sex, age or disability.

Unsafe Behaviors:

Hartford Parks & Recreation reserves the right to remove that participant from the program and may also choose to deny the participant from other programs until documentation is available to prove the behavior is no longer a safety threat. Safety threats include running away, being physically aggressive towards staff, others and self, and gross inappropriate behavior that cannot be mitigated nor controlled. In some cases the Town can make the decision to immediately suspend a participant if gross inappropriate behavior occurs. Please refer to the program code of conduct for programs and camps.

1. Please provide your contact information:

Name

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number

2. What language do you prefer?

English

Spanish

Other

3. Name of Person Requesting Accommodation?

4. Relationship to the Patron?

5. Age of Patron Needing Accommodations?

6. Program/Event/Facility you are requesting accommodations for?

7. Location of Program/Event/Facility?

8. Date(s) of Accommodation(s)

9. Does the patron currently receive aid or accommodations (IEP, 504 Plan, Behavior Plan, etc.)?

Yes

No

10. Describe accommodation needed (could include nature of disability). Please be specific.

Done

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