

**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)**

Name	Address	
E-mail address:	Telephone Number(s)	Preferred method of communication:
I am requesting the following reasonable accommodation(s), at the following location(s) and time(s):		
It is necessary for me to have this accommodation for the following reason(s):		
Signature	Date	

The individual should retain a copy of this form.