

**Disability Inclusion Fund:
Policy and Guidelines for Requesting
Funds for Reasonable Accommodation**

The Montana Commission on Community Service will make funds available for reasonable accommodation to AmeriCorps programs for members with disabilities that require an accommodation to fulfill their service. Funds for reasonable accommodation(s) will be available for use by **members with disabilities who have been offered a position with an AmeriCorps program and require an accommodation to fulfill the essential functions of their service.**

Requirement for Disability Inclusion Funds-Supported Reasonable Accommodation:

- The accommodation must be essential to allow the member to perform his/her service successfully.
- The accommodation cannot be withheld without significantly altering the mission of the program and the responsibilities of the member.
- The requested cost of the accommodation, and the cost of any future supports, must be within budget guidelines.
- Disability inclusion fund will not be made available until all other sources of funding have been explored.

Programs will be able to apply for disability inclusion funds when the following steps have been completed.

1. The program must identify the accommodation request in cooperation with the member.
2. The program must determine whether or not it can reasonably afford the accommodation.
3. If the AmeriCorps program staff determine that the program budget cannot support the accommodation, they must work with the member to see if the accommodation can be provided by an outside resource such as the Vocational Rehabilitation Service, Developmental Disabilities Service, Independent Living Centers, etc. If an outside agency is unable to provide the accommodation, verification of this must be obtained in writing.

4. If the program cannot reasonably afford the accommodation, and an outside resource cannot assist; a request must be sent in writing to, Opening Doors to Community Service with the following information:

- a) The members name
- b) Disability
- c) The accommodation requested.
- d) An explanation of why the program cannot provide the accommodation.
- e) What external means of support was explored and results. Please include verification letter.
- f) The total cost of the accommodation.
- g) How the accommodation will be obtained; i.e., monthly contract, lump sum.

5. OD/OCS will review the application and forward it to the Montana Commission on Community Service if it is accepted.

6. The program will be reimbursed the pre-approved amount in accordance with CNS and MCCS policies governing reimbursement. Any amount over the pre-approved cost will be the responsibility of the program.

Appeals Procedures:

If a request is denied by MCCS, an appeal can be submitted to the Montana Commission Community Service within five working days of the denial. A committee of Commission Staff and the Accessibility Consultant will re-evaluate the appeal and render a decision within five working days.

Mail application to:

Kathy Bean/Disability Coordinator
Open Doors to Community Service
Office of Community Service
P.O. Box 200801
Helena, Mt 59620-0801
406/444-5547
kbean@mt.gov

Mail appeal to:

Montana Commission on Community Service
Linda Carlson/Executive Director
1301 Lockey 3rd Floor
Helena, Montana 59620-0802
406/444-2573
lcarlson@mt.gov

REQUEST FOR FUNDS FOR REASONABLE ACCOMMODATION FORM

The name of the member for whom the accommodation is being requested:

Dates and nature of discussion with person for whom accommodation(s) would be made:

The accommodation requested:

An explanation of why the program cannot provide the accommodation:

What external means of support was explored and results (please include verification letter):

The total cost of the accommodation:

How the accommodation will be obtained (i.e. monthly contract, lump sum)

Name of AmeriCorps Program: _____

Address of AmeriCorps Program: _____

Phone Number: _____ Date: _____

Email address: _____

AmeriCorps Program Director's Name: _____

AmeriCorps Program Director's Signature: _____

Evaluation/Approval Form

Date request form received:

Approved Describe accommodation(s) approved:

Denied Describe reason(s) for denying:

Signature: _____ Date: _____
