



Computer/Electronic
Accommodations
Program

CAP Accommodation Request Form

Complete this form to request assistive technology and services. All information will be kept confidential. Please ensure completion of **all** contact information. Approval is required from requester's supervisor. Signature certifies that the accommodation is necessary for a person with a disabling condition to accomplish an essential job requirement. Signature also verifies that the item requested becomes the property of the receiving federal agency. Furthermore, equipment maintenance beyond initial warranty period and additional supplies after receipt of equipment is the responsibility of the federal agency. **If you have any questions, please call CAP at 703-681-8813 (V) 703-681-0881 (TTY), or email CAP@tma.osd.mil. Complete the request form online at www.tricare.osd.mil/cap or fax completed form to 703-681-9075.**

1. NAME OF PERSON OR OFFICE TO BE ACCOMMODATED (Please Print):

Grade Level: _____ Occupational Series: _____ Are you a new federal employee? Yes No
Have you used CAP services before? Yes No

2. ADDRESS/CONTACT INFORMATION (No P.O. Boxes—No acronyms):

If your agency is within **DoD** (specify): _____

Organization: Army Navy Air Force DoD Agency

If your agency is **not a DoD Agency** (specify): _____

DELIVERY ADDRESS (Work Address):

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone TTY #: _____

Fax #: _____ Email: _____

3. DISABILITY INFORMATION:

Identify your disability (Additional information/medical documentation may be required to support the need of an accommodation per the Rehabilitation Act):

Deaf/Hard of Hearing Blind/Low Vision Cognitive Communication

Dexterity (specify condition): _____

Were you injured in the Global War on Terror? Yes No

4. ITEM REQUESTED:

Include brand name/model and attach any vendor information you may have. If you are requesting for Speech Recognition Software, please complete and attach the Speech Recognition Information Form, located under "News/Documents" on the CAP Website. Please complete a separate request for each item being requested. If you are a Telework or Flexiplace claimant, please attach a copy of your Telework Agreement Letter.

Item requested: _____

Brand/Model: _____ Vendor: _____

If you are a Workers' Compensation claimant, please attach a copy of your Department of Labor Claim Acceptance Letter. Your Workers' Compensation Claim number is: _____

5. COMPUTER SYSTEM:

In order to establish compatibility, please identify your PC Operating System:

Win00 Win98 WinME WinXP Mac Other (specify): _____

Please specify the available serial ports on your computer: _____ USB _____ PS/2

6. JUSTIFICATION:

Please explain how this item will assist you in performing your essential job functions:

7. EMPLOYEE SIGNATURE:

8. SUPERVISOR/POINT OF CONTACT INFORMATION (Complete all fields):

Name: _____ Signature: _____

Telephone/TTY #: _____ Email: _____

Note: Complete this section only if you are a DoD employee attending a training course for two or more days.

Specify the requested service:

Interpreter* CART* Personal Assistant Reader

* Interpreter and CART services are for DoD employees to attend information technology related training

Submit a fully completed request (Section A and B) at least 15 days prior to the start of the training session

A. TRAINING SESSION:

Training/Course Title: _____

Course Location: _____ Date: _____ Time: _____

B. SERVICE PROVIDER:

Service Provider Name: _____ POC: _____

Telephone #: _____ Fax #: _____ E-Mail: _____