

POLICY NUMBER: CAHSD-447-19

SUBJECT: Americans with Disabilities Act and its Amending Act of 2008 (ADA)

CONTENT: Capital Area Human Services District's standards and procedures for the purposes of ADA compliance.

REFERENCE: La. R.S. 46:2591, et seq.; Office of the State ADA Coordinator  
<https://www.doa.la.gov/oa/office-of-state-ada-coordinator/>

EFFECTIVE DATE: Issued: January 2, 2019  
Reviewed: November 1, 2021  
Revised: August 25, 2022

INQUIRIES TO: Human Resources Director  
Capital Area Human Services District  
7389 Florida Blvd., Suite 100A  
Baton Rouge, LA 70806  
(225) 922-2700

APPROVED BY: Janzlean Laughinghouse, PhD, LCSW-BACS, LAC  
Executive Director

## AMERICANS WITH DISABILITIES ACT (ADA) POLICY

### I. POLICY

Capital Area Human Services District (CAHSD) is fully committed to ensuring compliance with the requirements of the Americans with Disabilities Act of 1990 and its Amending Act of 2008 (collectively “ADA”) to include:

- Title I: Prohibits discrimination against qualified individuals with disabilities in all employment practices, including recruitment, hiring, advancement, compensation, fringe benefits, job training and other terms, conditions and privileges of employment. Upon request, CAHSD shall engage in an interactive process and may approve a reasonable accommodation, unless the Requestor is not a qualified individual; doing so poses an undue hardship to the agency; or poses a direct threat to the health or safety of the individual with a disability or others.
- Title II: Ensures qualified individuals with disabilities have equal access to the full range of programs, services, activities and facilities of the agency. Upon request, CAHSD may provide a reasonable accommodation, unless the Requestor is not a qualified individual; doing so would fundamentally alter the nature of the agency’s service, program or activity; or poses a direct threat to the health or safety of the individual with a disability or others.

### II. PURPOSE

The purpose of this policy is to outline CAHSD’s standards and procedures for the purposes of ADA compliance.

### III. APPLICABILITY

This policy applies to all CAHSD workforce (i.e., full time and part time employees, contractors, residents, interns, and volunteers), applicants for employment, and members of the general public that receive services from CAHSD.

### IV. DEFINITIONS

- A. Disability: Under the ADA, an individual with a disability is a person who:
1. Has a physical or mental impairment that substantially limits one or more major life activities;
  2. Has a record of such impairment; or
  3. Is regarded as having such impairment as described in item #1 above.
- B. Impairment: Any physiological, mental or psychological disorder or condition, including those that are episodic or in remission, that substantially limits one or more major life activities when active.
- C. Substantially Limits: An impairment that prevents the ability of an individual to perform one or more major life activities as compared to most people in the general population when taking into consideration factors such as the nature, severity, duration and long-term impact of the condition.

Such consideration must be regardless of any mitigating measures such as modifications, auxiliary aids or medications used to lessen the effects of the condition (except for use of ordinary eyeglasses or contact lenses).

D. Major Life Activities:

1. Generally, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others and working; and
2. The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

E. Essential Functions: The fundamental and primary job duties of a position. Considerations in determining whether a function is essential include such factors as the written job description; whether the reason the position exists is to perform that function; the limited number of employees available to perform that function; and the degree of expertise required to perform the function.

F. Qualified Individual:

1. Under Title I, an individual with a disability who meets the requisite skill, experience, and education requirements for the position and who can perform the essential functions of the position held or applied for, with or without reasonable accommodation(s).
2. Under Title II, an individual with a disability who meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by CAHSD, with or without reasonable accommodation(s).

G. Reasonable Accommodations:

1. Under Title I, a modification or adjustment to the work environment that will enable a qualified individual with a disability to:
  - a. Participate in the testing, application and/or interview process;
  - b. Perform the essential functions of the job; or
  - c. Provide equal opportunity to the benefits and privileges of employment.
2. Under Title II, a modification that permits an individual with a disability to effectively communicate with CAHSD and/or ensure equal opportunity relative to CAHSD's programs, services, activities and facilities.

H. Undue Hardship: An accommodation that would be unduly costly, extensive, substantial or disruptive, in light of factors such as the size of the agency, the resources available and the nature of the agency's business operations.

I. Direct Threat: A significant risk of substantial harm to the health or safety of an individual with a disability or others that cannot be eliminated or reduced by reasonable accommodation.

J. ADA Coordinator: The CAHSD representative responsible for facilitating the interactive, evaluation process relative to any request for accommodation, whose contact information is: Karen Pino, CAHSD ADA Coordinator, [Karen.Pino@LA.GOV](mailto:Karen.Pino@LA.GOV) or (225) 922-2700; Capital Area Human Services District, P.O. Box 66558, Baton Rouge LA 70896.

## V. PROCEDURES FOR REQUESTING A REASONABLE ACCOMMODATION

It is the responsibility of the qualified individual with a disability to request a reasonable accommodation(s) when needed. To do so, the individual:

- May initiate a request either verbally or in writing. If in writing, the qualified individual with a disability should complete the ADA Accommodation Request Form (Attachment A). If the individual needs assistance to complete the request form, CAHSD will provide such assistance;
- Must submit the request to the appropriate person for the nature of the accommodation requested (as further explained below); and
- Must timely and cooperatively participate in the interactive process (as further described therein).

If the accommodation request is from a CAHSD employee, he/she may be required, as part of the interactive process, to provide the ADA Coordinator with medical documentation from their health care provider describing the nature of the disability and the functional limitations thereof.

### A. Employment (Title I)

1. Application/Testing Process - A qualified individual with a disability may address an accommodation request relative to the application and/or testing process to the following, dependent upon the Job Type indicated on the vacancy announcement:
  - a. For Classified Jobs: Contact State Civil Service, Testing and Recruiting Office at (225) 925-1911. For more information regarding accommodations, applicants may go to <https://jobs.civilservice.louisiana.gov/TestInformation/Accommodations.aspx>.
  - b. For Unclassified Jobs: Contact the CAHSD representative identified in the vacancy announcement for the job being sought. The CAHSD representative shall notify and collaborate with the ADA Coordinator to address the accommodation request.
2. Interview Process - If contacted for an interview, a qualified individual with a disability should notify the hiring manager at that time if an accommodation is needed in order to participate in the interview and, if so, the nature of the accommodation. The hiring manager shall notify and collaborate with the ADA Coordinator to address the accommodation request.
3. Performance of Essential Functions - A qualified individual with a disability may address an accommodation request related to the performance of the essential functions of a job to the following:
  - a. If needed prior to or at the time of hire for a position, the accommodation request should be submitted to the person with whom the individual interviewed.
  - b. If employed by CAHSD and needed for the current job held, the accommodation request should be addressed to the immediate supervisor.

The interviewer or immediate supervisor shall notify and collaborate with the ADA Coordinator to address the accommodation request. Such requests must include the duties the individual is unable to perform and the accommodation(s) requested. Such accommodations may include job restructuring, use of accrued paid leave (or once exhausted, unpaid leave), modified or part-time work schedules, acquiring equipment or reassignment.

4. Benefits and Privileges of Employment - An employee seeking an accommodation related to the benefits and/or privileges associated with employment should notify the immediate supervisor. The immediate supervisor shall notify and collaborate with the ADA Coordinator to address the accommodation request. Such requests should include the benefits and/or privileges of employment in which the individual is unable to participate and the accommodation requested. Such accommodations may include restructuring work areas, lunchrooms, break rooms, training rooms and restrooms to make them available and accessible to all employees.

NOTE: Guidelines that govern facility standards are based on the date of original construction. Additional guidelines may apply when renovations or alterations are undertaken. CAHSD shall coordinate construction and renovation in conjunction with appropriate state departments, as well as building code, regulatory and leasing entities, as applicable.

5. Pregnancy, Childbirth or Related Medical Condition - In accordance with La. R.S. 23:341-342, an applicant or employee with limitations arising from pregnancy, childbirth or related medical conditions may request an accommodation to the immediate supervisor. The immediate supervisor shall notify and collaborate with the ADA Coordinator to address the accommodation request. Such accommodations may include but are not limited to: providing more frequent, compensated break periods; providing a private place, other than a bathroom stall, for purposes of expressing breast milk; modifying food or drink policy; and other accommodations that permit the individual to reduce or eliminate the need for leave.

NOTE: Accommodation requests and information collected during the associated interactive process shall be limited to only those individuals with a business need-to-know.

#### B. Effective Communication (Title II)

A qualified individual with a speech, hearing or vision impairment may request an accommodation to the ADA Coordinator and shall be furnished with appropriate auxiliary aids and services so that the individual can participate equally in CAHSD's programs, services and activities. Such auxiliary aids may include qualified sign language interpreters, documents in Braille and other ways of making information and communication accessible. Anyone who requires an auxiliary aid or service for effective communication should contact the ADA Coordinator as soon as possible but no later than 48 hours before the scheduled event.

#### C. Modifications to Policies, Procedures, or Facilities (Title II)

A qualified individual with a disability seeking modifications to policies, procedures or facilities for equal opportunity to enjoy CAHSD's programs, services and activities should contact the ADA Coordinator. Such requests should include the specific program, service or facility that the individual is unable to access and the accommodation(s) requested.

### VI. INTERACTIVE PROCESS - EVALUATION OF ACCOMMODATION REQUESTS

Upon receipt, the individual to whom an accommodation request was submitted must immediately notify the ADA Coordinator. The ADA Coordinator shall:

- Document the request, if not submitted in writing by the Requestor, on the ADA Accommodation Request Form (Attachment A);
- Notify the Requestor, if he/she is a current CAHSD employee, whether a completed ADA Medical Inquiry Form (Attachment B) from a health care provider is required;
- Engage in an interactive process involving consultation with the Requestor, the treating physician (if applicable) and agency management;
- Confer with the Louisiana Rehabilitation Services (LRS) and/or Job Accommodation Network (JAN), as deemed appropriate, to help evaluate the availability of accommodation options and resources related thereto;
- Where appropriate, discuss any alternative, equally effective accommodations with the Requestor;
- Recommend to, and secure approval from, the Appointing Authority as to the final determination of the accommodation request; and
- Notify the Requestor, in writing, of the final determination, including information regarding the internal grievance procedure.

Individuals with disabilities are encouraged to suggest accommodations based upon their own life and/or work experiences. Such requested accommodations will be duly considered. Nonetheless, CAHSD reserves the right to select an equally effective accommodation that may be less expensive or impactful on business operations. All accommodation requests will be evaluated thoroughly and objectively on a case-by-case basis.

## VII. INTERNAL COMPLAINT PROCEDURE

The following internal grievance procedures are available to individuals with disabilities for resolution of complaints regarding the disposition of an accommodation request or asserting any action that would be prohibited by the ADA:

- A. Employees: CAHSD employees may file an internal grievance in accordance with CAHSD 406-99 Grievance Policy & Procedures and elevate the complaint directly to Step 3.
- B. Applicants or General Public: Complaints regarding the denial of an accommodation request for an application/testing/interview process or accessibility of a program, service or activity of CAHSD may be filed according to CAHSD 103-98 Consumer Complaint Policy & Process and elevated directly to the grievance level. The completed grievance form should be submitted in a closed envelope by giving it to the facility staff or manager or by mailing it to: CAHSD Executive Director, Capital Area Human Services District, P.O. Box 66558, Baton Rouge LA 70896.

## VIII. PROTECTIONS

No individual shall be discriminated or retaliated against, coerced, intimidated, threatened, harassed or interfered with for:

- Making an accommodation request;
- Opposing any act or practice made unlawful by the ADA;
- Filing a charge, testifying, assisting or otherwise participating in an investigation, proceeding or hearing to enforce any provision of the ADA;
- Aiding or encouraging another individual in the exercise of any right granted or protected by the ADA; or

- Having a family, business, social or other relationship or association with an individual with a known disability.

## IX. PUBLIC NOTICE

To ensure accessibility by all interested persons, this policy shall be made available on the CAHSD's public website located at [www.cahsd.org](http://www.cahsd.org), as well as a notice posted conspicuously for access by the public in each of CAHSD's facilities.

## X. DOCUMENTATION

Forms associated with this policy are available in CAHSD's web based policy management system as attachments to this policy or by request to the ADA Coordinator. The official forms are issued by the Louisiana Office of the State ADA Coordinator (OSADAC) and posted on the website at <https://www.doa.la.gov/doa/office-of-state-ada-coordinator/agency-ada-coordinator-resources/>.

## XI. CONFIDENTIALITY

All documentation obtained as part of an accommodation request, including medical and other relevant information, shall be maintained as confidential records, separate from the employee's personnel file, and subject to disclosure only as allowed by law or with the individual's permission.

## XII. ADDITIONAL RESOURCES

For additional resources, individuals with disabilities may contact Rikki David, State ADA Coordinator, at [Rikki.David@la.gov](mailto:Rikki.David@la.gov) or (225) 342-1243.

Individuals may also contact or file a complaint with the following:

- U.S. Equal Employment Opportunity Commission (EEOC) pursuant to Title I (29 CFR § 1630.1 – 1630.16) at 1-800-669-4000, 1-800-669-6820 (TTY for Deaf/Hard of Hearing callers only) or 1-844-234-5122 (ASL Video Phone for Deaf/Hard of Hearing callers only).
- Louisiana Commission on Human Rights pursuant to La. R.S. 23:323 et seq. at 225-342-6969; or
- U.S. Department of Justice (DOJ), Civil Rights Division, pursuant to Title II (28 CFR § 35.101 – 35.190) at 202-514-3847 or 202-514-0716 (TTY for Deaf/Hard of Hearing callers only).

Be advised that strict time limitations apply for filing complaints with these governmental agencies.

## XIII. CAHSD'S AGENCY IMPLEMENTATION RESPONSIBILITIES

Effective May 25, 2022, Act 103 of the 2022 Regular Session of the Louisiana State Legislature establishes certain policy, training, and reporting requirements for all executive branch state agencies for purposes of compliance with the ADA.

- A. Agency Contacts - Complete and return the ADA Designation of Agency Contacts Form (Attachment C) to the State ADA Coordinator initially for State Fiscal Year 2022-2023 and then as needed when staff changes occur. This form outlines the various designees that are responsible for implementation of the Act 103 requirements.
- B. ADA Policy - Review and update the agency's ADA policy to ensure compliance with the policy requirements set forth in La. R.S. 46:2594. Email a copy of the agency's policy compliant with La. R.S. 46:2594 to the State ADA Coordinator for State Fiscal Year 2022-2023.
- C. ADA Training - Notify all current supervisors of the new mandatory ADA training requirements outlined in La. R.S. 46:2595. Ensure completion of required training by all applicable staff within 90 days of release of the Civil Service training courses in the LEO system (or within 90 days of the Act's effective date if the agency opts to utilize other available ADA training). Notify and ensure completion of ADA mandatory training requirements by all new hires in supervisory and agency ADA coordinator roles within 90 days of hire and every three years thereafter. Update any agency-specific training policies to incorporate mandatory ADA training requirements.
- D. Mandatory Annual Reporting - Begin fully documenting the ADA process relative to completion of mandatory training, administration of accommodation requests, and ADA-related legal matters. As required by La. R.S. 46:2596, submit an ADA Annual Report Form (Attachment D), that documents the agency's ADA compliance, to the State ADA Coordinator at by February 1st of each year, with the first report being due by February 1, 2024, for calendar year 2023.

ATTACHMENT A: ADA Accommodation Request Form

ATTACHMENT B: ADA Medical Inquiry Form

ATTACHMENT C: ADA Designation of Agency Contacts Form

ATTAVHMENT D: ADA Annual Report Form



## REQUEST FOR ACCOMMODATION FORM

### SECTION 1: REQUESTOR INFORMATION

**CONFIDENTIALITY STATEMENT:**  
A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

Requestor's Name: \_\_\_\_\_

Requestor is (check only one):  Employee  Job Applicant  Visitor / Public

Requestor's Email Address: \_\_\_\_\_

Requestor's Phone #: \_\_\_\_\_

If Requestor is an employee, also provide: Job Title: \_\_\_\_\_

Division/Unit: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

### SECTION 2: REQUESTED ACCOMMODATION *(Attach a separate sheet if additional space is needed)*

A. Please describe the nature of your disability and the functional limitations resulting therefrom.

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B. Check the type of accommodation requested. Use the blank space provided to the right to further explain reason for the requested accommodation.

	Accommodation Type:	Reason for Accommodation Request:
1.	<input type="checkbox"/> <b>Application/Testing Process</b> Explain the specific application/testing requirement for which accommodation is requested: (→)	
2.	<input type="checkbox"/> <b>Participating in a Job Interview</b> Identify the Date/Time/Location of the job interview for which an accommodation is requested: (→)	
3.	<input type="checkbox"/> <b>Performance of Essential Functions of Your Job</b> Explain the job duties for which accommodation is requested: (→)	
4.	<input type="checkbox"/> <b>Benefits/Privileges of Employment</b> Explain the benefits or privileges of employment for which accommodation is requested: (→)	
5.	<input type="checkbox"/> <b>Pregnancy, Childbirth or Related Condition</b> Explain how pregnancy, childbirth or a related condition affects your ability to perform your job: (→)	
6.	<input type="checkbox"/> <b>Effective Communication</b> Identify the Date/Time/Location for which an auxiliary aid is requested: (→)	
7.	<input type="checkbox"/> <b>Access to Programs, Services or Facilities</b> Identify the specific program, service or facility for which access is needed: (→)	

C. Describe the accommodation(s) requested. *(Identify specific auxiliary aid requested, if applicable)*

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Requestor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY AGENCY ADA COORDINATOR**

**CONFIDENTIALITY STATEMENT:**  
A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

a. Process Tracking:

1. Date the Request for Accommodation was prepared/signed by Requestor: \_\_\_\_\_
2. Date the Request for Accommodation was received by ADA Coordinator: \_\_\_\_\_
3. Date of initial contact with Requestor (*initiate interactive process*): \_\_\_\_\_
4. Date(s) of follow-up contact with Requestor: \_\_\_\_\_
5. Date the Request for Accommodation was discussed with Appointing Authority: \_\_\_\_\_
6. If applicable, date the alternative accommodation(s) was discussed with Requestor: \_\_\_\_\_
7. Date Requestor was notified of final accommodation determination: \_\_\_\_\_
8. Date Requestor was notified of internal grievance procedure: \_\_\_\_\_

- b. Is there an equally effective accommodation(s), other than the one requested, that would satisfy the request? (*Consult with [www.askjan.org](http://www.askjan.org) or Louisiana Rehabilitation Services, if necessary*)     Yes     No

If Yes, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c. Was an accommodation granted?     Yes (*Proceed to section d. below*)     No (*Proceed to section e. below*)

d. Accommodation Granted:

Was the accommodation granted the same as the one requested?     Yes     No

If an alternative, equally effective accommodation was granted, explain the reason this option was selected rather than the one requested. (*Reason for alternative accommodation should be fully documented.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Denial of Accommodation:

Check reason for denial **and** provide further explanation below. (*Denials should be fully documented.*)

ADA Title I (for employees / applicants)

- Requestor is not a "qualified individual"  
(See Definition in agency policy)
- Accommodation would pose an undue hardship to the agency
- Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

ADA Title II (for visitor / public)

- Requestor is not a "qualified individual"  
(See Definition in agency policy)
- Accommodation would fundamentally alter the nature of the agency's service, program or activity
- Accommodation would not eliminate direct threat of substantial harm to safety of individual or others

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADA Coordinator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL INQUIRY FORM  
RESPONSIVE TO ACCOMMODATION REQUEST**

**FOR COMPLETION BY EMPLOYEE**

Employee's Name: \_\_\_\_\_

**CONFIDENTIALITY STATEMENT:**  
A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

**Authorization for Release of Medical Information**

*I authorize my Healthcare Provider to release medical information that is specifically related to and necessary for my employer to determine whether I have a disability for which an accommodation(s) may be needed. I authorize my Healthcare Provider to speak directly to my Agency ADA Coordinator in regards to my medical condition and its effects upon my ability to perform the essential functions of my job. I understand that I may refuse to sign this Authorization. However, I understand that my failure to permit these disclosures may impact my employer's ability to fully address my request for accommodation.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR COMPLETION BY HEALTHCARE PROVIDER**

**SECTION 1: Questions to determine whether employee has a disability**

*For reasonable accommodation under the Americans with Disabilities Act (ADA), an employee has a disability if he/she has an impairment that substantially limits one or more major life activities or has a record of such an impairment. The following information may help to determine whether an employee has a disability:*

Does the employee have a physical or mental impairment?

- Yes (proceed to section A. below)       No (discontinue completion of form)

A. What is the impairment or the nature of the impairment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Does the impairment substantially limit a major life activity as compared to the general population?

- Yes       No

C. What major life activity(s) and/or major bodily function(s) is limited?

*Major Life Activities:*

- |  |  |  |                                   |                                   |
|--|--|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Bending         | <input type="checkbox"/> Eating                  | <input type="checkbox"/> Lifting                 | <input type="checkbox"/> Seeing   | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Breathing       | <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sitting  | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Caring for Self | <input type="checkbox"/> Interacting with Others | <input type="checkbox"/> Reaching                | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Walking  |
| <input type="checkbox"/> Concentrating   | <input type="checkbox"/> Learning                | <input type="checkbox"/> Reading                 | <input type="checkbox"/> Speaking | <input type="checkbox"/> Working  |
| <input type="checkbox"/> Other: _____    |  |  |                                   |                                   |

*Major Bodily Functions:*

- |   |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> Bladder        | <input type="checkbox"/> Circulatory   | <input type="checkbox"/> Hemic           | <input type="checkbox"/> Neurological          | <input type="checkbox"/> Respiratory   |
| <input type="checkbox"/> Bowel          | <input type="checkbox"/> Digestive     | <input type="checkbox"/> Immune          | <input type="checkbox"/> Normal Cell Growth    | <input type="checkbox"/> Special Sense |
| <input type="checkbox"/> Brain          | <input type="checkbox"/> Endocrine     | <input type="checkbox"/> Lymphatic       | <input type="checkbox"/> Operation of an Organ | Organs & Skin                          |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Reproductive          |  |
| <input type="checkbox"/> Other: _____   |  |  |  |  |

D. Describe any functional limitations caused by the impairment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2: Questions to help determine whether an accommodation is needed.**

*An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following information may help determine whether the requested accommodation is needed because of the disability:*

A. What job duties is the employee unable to perform or having difficulty performing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. How does the employee's functional limitation(s) interfere with his/her ability to perform required job duties? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Care Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Health Care Provider's Name (Printed): \_\_\_\_\_

Practice Specialty: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**RETURN COMPLETED FORM DIRECTLY TO KAREN PINO, AGENCY ADA COORDINATOR**

By fax to (225) 362-5319 or email to [Karen.Pino@LA.GOV](mailto:Karen.Pino@LA.GOV)

Office of the State Americans with Disabilities Act Coordinator (OSADAC)  
**DESIGNATION OF AGENCY CONTACTS FORM**

Each executive branch state agency shall appoint agency contacts for purposes of fulfilling its statutory requirements related to the Office of the State Americans with Disabilities Act (ADA) Coordinator. This includes an Agency ADA Coordinator, Human Resources Director and State As a Model Employer (SAME) Designee. Each agency shall submit and maintain up-to-date contact information using the Designation of Agency Contacts Form, which is available on the OSADAC website at <https://www.doa.la.gov/office-of-state-ada-coordinator/>.

Attach a separate sheet of paper if additional space is needed.

### AGENCY INFORMATION

List ALL personnel areas and agency names serviced by the assigned designees.	Personnel Area:	Agency Name:
	Personnel Area:	Agency Name:
	Personnel Area:	Agency Name:
	Personnel Area:	Agency Name:
	Personnel Area:	Agency Name:
	Personnel Area:	Agency Name:

### AGENCY CONTACTS

#### 1. Agency ADA Coordinator

The Agency ADA Coordinator serves as designee responsible for compliance with La. R.S. 46:2594 and 46:2596, to include policy implementation, documentation of the ADA process, and submission of annual reporting requirements.

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### 2. Human Resources Director

The Human Resources Director is responsible for ensuring compliance with La. R.S. 46:2595 relative to mandatory training requirements for supervisors and agency ADA coordinators, and La. R.S. 46:2597(1) relative to administration and recordkeeping of the voluntary self-identification of disability process.

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### 3. State As a Model Employer (SAME) Designee

The State As a Model Employer (SAME) Designee is responsible for development, implementation and submission of the agency's annual SAME plan in accordance with La. R.S. 46:2597(2).

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### APPROVAL

\_\_\_\_\_  
 Signature of Agency Head / Appointing Authority

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Agency Head / Appointing Authority

\_\_\_\_\_  
 Job Title of Agency Head / Appointing Authority

\*\* RETURN BY EMAIL TO [Rikki.David@la.gov](mailto:Rikki.David@la.gov) OR BY FAX TO (225) 342-1057. \*\*

Office of the State Americans with Disabilities Act Coordinator (OSADAC)

**ANNUAL ADA REPORT FORM**  
**For Calendar Year: [Insert 4-Digit Year]**

Each executive branch state agency shall submit an annual report regarding the agency's compliance with the OSADAC's statutory provisions (La. R.S. 46:2595-2596). This includes compliance with mandatory training requirements, administration of the ADA accommodation process, and ADA-related legal matters. The data provided shall not include personally identifying information such as requestor's name or references to confidential medical conditions or impairments. Agencies shall submit the annual report by February 1<sup>st</sup> of each year for the previous calendar year using the Mandatory ADA Annual Report Form, which is available on the OSADAC website at <https://www.doa.la.gov/office-of-state-ada-coordinator/>.

Attach a separate sheet of paper if additional space is needed.

**AGENCY INFORMATION**

List ALL personnel areas and agency names serviced by the assigned designees.	Personnel Area:	Agency Name:
	Personnel Area:	Agency Name:
	Personnel Area:	Agency Name:
	Personnel Area:	Agency Name:
	Personnel Area:	Agency Name:

**TRAINING COMPLIANCE**

Total # of Agency ADA Coordinators: (as of 12/31) _____		Total # of Supervisors: (as of 12/31) _____	
1. # of Agency ADA Coordinators due for training in calendar year <i>(Within 90 days of effective date of training requirements, hire or appointment)</i>	_____	1. # of Supervisors due for training in calendar year <i>(Within 90 days of effective date of training requirements, hire or appointment)</i>	_____
2. # of Agency ADA Coordinators: Completed training in calendar year	_____	2. # of Supervisors: Completed training in calendar year	_____
3. % of Agency ADA Coordinators in compliance with training requirements <i>(number in line 2 divided by number in line 1)</i>	_____	3. % of Supervisors in compliance with training requirements <i>(number in line 2 divided by number in line 1)</i>	_____

**ACCOMMODATION REQUESTS**

Total # of Accommodation Requests received in calendar year: \_\_\_\_\_

Provide the nature, cost, determination and resolution time for each request in the below chart.

	Nature of Accommodation Request <i>(For example: teleworking, work schedule change, specialized equipment, interpreter or other auxiliary aid for effective communication, etc.)</i>	Final Determination <i>(For example: Approved as requested, Approved an alternative accommodation, or Denied – No accommodation provided)</i>	Resolution Time <i>(From date of receipt to date Requestor was notified in writing of final determination)</i>	Cost of Accommodation Granted
1.		[Select from drop down menu]		\$
2.		[Select from drop down menu]		\$
3.		[Select from drop down menu]		\$
4.		[Select from drop down menu]		\$
5.		[Select from drop down menu]		\$

Nature of Accommodation Request <i>(For example: teleworking, work schedule change, specialized equipment, interpreter or other auxiliary aid for effective communication, etc.)</i>	Final Determination <i>(For example: Approved as requested, Approved an alternative accommodation, or Denied – No accommodation provided)</i>	Resolution Time <i>(From date of receipt to date Requestor was notified in writing of final determination)</i>	Cost of Accommodation Granted
6.	[Select from drop down menu]		\$
7.	[Select from drop down menu]		\$
8.	[Select from drop down menu]		\$
9.	[Select from drop down menu]		\$
10.	[Select from drop down menu]		\$
11.	[Select from drop down menu]		\$
12.	[Select from drop down menu]		\$
13.	[Select from drop down menu]		\$
14.	[Select from drop down menu]		\$
15.	[Select from drop down menu]		\$
16.	[Select from drop down menu]		\$
17.	[Select from drop down menu]		\$
18.	[Select from drop down menu]		\$
19.	[Select from drop down menu]		\$
20.	[Select from drop down menu]		\$

Attach a separate sheet of paper if additional space is needed.

**ADA-RELATED LEGAL ISSUES**

# of ADA-related Charges of Discrimination filed with:

# of Civil Actions filed in:

- 1. U.S. Equal Employment Opportunity Commission \_\_\_\_\_
- 2. Louisiana Commission on Human Rights \_\_\_\_\_
- 3. U.S. Department of Justice \_\_\_\_\_

- 1. State Court \_\_\_\_\_
- 2. Federal Court \_\_\_\_\_

**APPROVAL**

I hereby certify this mandatory report on the Americans with Disabilities Act as required by La. R.S. 46:2596 to be true and accurate to the best of my knowledge.

\_\_\_\_\_  
*Signature of Agency Head / Appointing Authority*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Agency Head / Appointing Authority*

\_\_\_\_\_  
*Job Title of Agency Head / Appointing Authority*

\*\* RETURN BY EMAIL TO [Rikki.David@la.gov](mailto:Rikki.David@la.gov) OR BY FAX TO (225) 342-1057. \*\*