

SPECIAL NEEDS ASSESSMENT FORM

Persons with special needs, including those occasioned by a temporary or permanent disability, should complete and return this Special Needs Assessment Form. We will make every effort to reasonably accommodate those individuals who identify themselves as having special needs. To help us do so, please return this form as soon as possible. Please contact Jennifer Statler at 1-800-944-7732, Ext. 7095, or via e-mail at jstatler@psea.org should you have any questions or concerns.

NAME: _____

ADDRESS: _____

SSN #: _____

LOCAL ASSOC: _____

PHONE (home): _____

E-MAIL: _____

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- I REQUIRE SPECIAL ACCOMMODATIONS.
*Please state the nature and extent of your disability, and the accommodations requested.**

- I REQUIRE SPECIAL HOUSING ACCOMMODATIONS.
*Please state the nature and extent of your disability, and the accommodations requested.**

- I REQUIRE MEDICALLY NECESSARY DIETARY ACCOMMODATIONS.
*Please state the nature and extent of your disability, and the accommodations requested.**

