

Request for Accommodation

**REQUESTOR INFORMATION**

1A. NAME

1B. DATE OF REQUEST

1C. ADDRESS

1D. SOCIAL SECURITY NUMBER

1E. PHONE NUMBER  
(including area code)

**ADDITIONAL INFORMATION**

2. CONDITION THAT CAUSES YOU TO REQUEST AN  
ACCOMMODATION



### 3. EXPLANATION (Continued)

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- E. Tell us why we cannot communicate with you by sending notices in a Microsoft Word file on a compact disc (CD) and in standard print by first-class mail. Most screen readers should be able to read the Microsoft Word file on the CD. The Word CD will not work in an audio CD player.
- F. Tell us why we cannot communicate with you by sending notices in large print (18-point font) and in standard print by first-class mail.
- G. Tell us why we cannot communicate with you by sending notices on audio compact discs (CDs) that contain a voice recording of the notice and in notices in standard print by first-class mail. The audio CD should work in most CD players.

#### 4. Other Accomodation Requested

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A. What format do you want?

B. Is there any other way that we can communicate with you?

## **Privacy Act Notice for Request for Accommodation**

**See Revised Privacy Act Statement Attached**

The Rehabilitation Act of 1973 (as amended), 29 U.S.C. §§ 701 et seq., and Section 205(a) of the Social Security Act (as amended), 42 U.S.C. § 405(a), authorize us to collect this information. The information is needed to verify your identity and to process your request for a notice accommodation. Providing this information is voluntary. However, failure to provide all or part of the requested information may prevent the Social Security Administration from processing your request.

We rarely use the information you supply for any purpose other than for verifying identity and processing your notice accommodation request. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to: (1) to enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veteran Affairs); (3) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and (4) to facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded and administered benefit programs and for repayment of payments or delinquent debts under these programs.

Our notices, additional information regarding this application, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

See Revised PRA Statement Attached

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

*SSA will insert the following revised Privacy Act and PRA Statements into the form at its next scheduled reprinting:*

**Privacy Act Statement  
Collection and Use of Personal Information**

Section 205(a) of the Social Security Act, as amended, and the Rehabilitation Act of 1973, as amended, authorize us to collect this information. We will use the information you provide to verify your identity and to process your request for a notice accommodation.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from processing your request.

We rarely use the information you supply for any purpose other than to verify your identity and process your notice accommodation request. However, we may use the information for the efficient administration of our programs. We may also disclose information to another person or agency in accordance with approved routine uses, including but not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to our benefits and coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Privacy Act System of Records Notice entitled, Claims Folders Systems, 60-0089. Additional information about this and other system of records notices and our programs are available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-0001.***