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IMain


[Person Information \(Identity, Contact, Accommodation\)](#)

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Query:



Person Information

Paperwork Reduction Act | Help

SSN Query

* Indicates required information

*SSN

Your privacy is important.
For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).



Current Information on Record

[Edit](#) Identity Information

SSN **123456789**
 Name **JOHN DOE**
 Sex/Gender **Male**
 Date of Birth **11/28/2006**
 Proof Code **B - Birth/baptism certificate (before the age of 5)**
 Place Of Birth **GALLOWAY , New Jersey**
 Mother's Maiden Name **SALLY SMITH**
 Father's Name **ROBERT DOE**

Death Information

No death record for this person.

[Edit](#) Contact Information

Phone **(111) 111-1111**
 Email
 Spoken Language Preference **01. English**
 Written Language Preference **01. English**
 Contact Address **123 MAIN STREET, DENVER, COLORADO, 11111**

[Edit](#) Accommodation Information

| Active Accommodations | Request Date | Occurs |
|-----------------------|--------------|--------|
| No records found | | |

| Non-Standard Accommodations | Request Date | Occurs | Status |
|-----------------------------|--------------|--------|--------|
| No records found | | | |

[Accept](#) [Cancel](#)



Identity Information

SSN 123456789

*Name (Type) Full Name Single Name

*Name JOHN Middle DOE Suffix

*Sex/Gender Male Female

*Date of Birth 11/28/2006 mm/dd/yyyy

Place Of Birth United States or U.S. Territory Other GALLOWAY New Jersey City/Town State/Territory

Proof Code B - Birth/baptism certificate (before the age of 5)

*Mother's Maiden Name (Type) Full Name Single Name Name Unknown

*Mother's Maiden Name SALLY Middle SMITH Suffix

*Father's Name (Type) Full Name Single Name Name Unknown

*Father's Name ROBERT Middle DOE Suffix

Save Cancel



SSN 123456789 Name JOHN DOE

Contact Information

Phone U.S. International 111111111 10-digit Number

Email

*Spoken Language Preference 01. English

*Written Language Preference 01. English

Contact Address Country United States or U.S. Territory Street 1 123 MAIN STREET Street 2 Add Line City/Town DENVER State/Territory COLORADO ZIP Code 11111

Save Cancel



SSN 123456789

Name JOHN DOE

Request For Reasonable Accommodation

- 1 Provide Information
- 2 Review Information
- 3 Confirmation

Paperwork Reduction Act | Privacy Act

Request Information

*Request Date
mm/dd/yyyy

*Office Code where accommodation is requested

i Please select, enter, or modify, at least one of the accommodation options listed below. Select the associated impairment type.

Accommodation Approved Today

[Hide Special Notice Options](#)

Special Notice Options [Help](#)

Complete this section when a notice accommodation is requested by or for a claimant, beneficiary, applicant, recipient, or representative payee who is blind or visually-impaired.

NOTE: Organizational representative payees ARE NOT eligible for special notice options.

If none of these options are adequate, please visit the [SNO Website](#)

For Applicants, Beneficiaries, Recipients or Representative Payees

Policy information relating to SNO can be referenced from [POMS](#) [HALLEX](#) [TSCOG](#)

- Standard Print notices sent by first-class mail
- Standard Print notices sent by certified mail
- Standard Print notices sent by first-class mail and a follow-up telephone call within 5 business days to read the client the notice
- Standard print notices and Braille notices sent by first-class mail
- Standard print notices and data compact disc (CDs) that contain a Microsoft Word file sent by first-class mail
- Standard print notices and audio compact discs (CDs) that contain a voice recording of the notice sent by first-class mail
- Standard print notices and large print (18-point font) notices sent by first-class mail

Impairment Type

Use the "Non-Standard Accommodations" section below when a special notice option is requested by or for:

- Someone other than a claimant, beneficiary, applicant, recipient, or individual representative payee, or
- Is based on an impairment other than blindness or visual impairment.

[Hide Standard Accommodation](#)

Standard Accommodation [Help](#)

If required, select one or more Standard Accommodation(s).

[+ Show Standard Accommodation Policies](#)

| <input type="checkbox"/> | Standard Accommodation | Impairment Type | One-Time? |
|--------------------------|--|---|--------------------------|
| <input type="checkbox"/> | Certified and Qualified Sign Language Interpreter | -- | <input type="checkbox"/> |
| <input type="checkbox"/> | Certified and Qualified Video Remote Sign Language Interpreter (VRI) | -- Blind or Visually Impaired Deaf or Hard of Hearing Cognitive or Learning Mobility or Physical Psychological or Emotional Other | <input type="checkbox"/> |
| <input type="checkbox"/> | Handwritten notes | | <input type="checkbox"/> |
| <input type="checkbox"/> | Lip reading or speech reading | | <input type="checkbox"/> |

[Hide Locally-Available Accommodation](#)

Locally-Available Accommodation [Help](#)

If required, select one or more Locally-Available Accommodation. (These may not be available in every office.)

[+ Show Locally-Available Accommodation Policies](#)

| <input type="checkbox"/> | Locally-Available Accommodation | Impairment Type | One-Time? |
|--------------------------|---|-----------------|--------------------------|
| <input type="checkbox"/> | Social Security employee who is a Qualified Sign Language Interpreter | -- | <input type="checkbox"/> |
| <input type="checkbox"/> | Social Security employee who knows American Sign Language (ASL) | -- | <input type="checkbox"/> |
| <input type="checkbox"/> | Bariatric chair | -- | <input type="checkbox"/> |
| <input type="checkbox"/> | CapTel service | -- | <input type="checkbox"/> |
| <input type="checkbox"/> | Hearing Loop | -- | <input type="checkbox"/> |
| <input type="checkbox"/> | Real-time Court Reporting | -- | <input type="checkbox"/> |
| <input type="checkbox"/> | UbiDuo face-to-face communicator | -- | <input type="checkbox"/> |

[Hide Other Accommodation](#)

Other Accommodation [Help](#)

If required, describe any other accommodation that SSA can provide today. Only document accommodations provided by SSA.

| Other Accommodation | Impairment Type | One-Time? | Actions |
|----------------------|-----------------|--------------------------|---------------------------------------|
| <input type="text"/> | -- | <input type="checkbox"/> | <input type="button" value="Remove"/> |

Accommodation Referred to 504 Center

1st Non-Standard Accommodation [Help](#)

If required, please answer all 4 questions. Describe the requested Non-Standard Accommodation that will be submitted to the Center for Section 504 Compliance.

Impairment Type --

One-Time Occurrence

*What is the condition (disability or impairment) that causes the individual to request an accommodation?

Characters remaining: 500

*Explain why SSA cannot communicate with the individual with one of our standard accommodations?

Characters remaining: 1000

*What is the accommodation the individual prefers?

Characters remaining: 500

*Are there any alternative accommodations that will work for the individual?

Characters remaining: 500

Add 2nd Accommodation

Clear 1st Section Entries

Next

Reset

Cancel



SSN 123456789 Name JOHN DOE

Summary of Request For Reasonable Accommodation

1 Provide Information 2 Review Information 3 Confirmation

You're almost finished. Please make sure your information is correct before you submit.

Review and Submit

Accommodation

Edit

Request Information

Request Date 06/04/2014
Office Code where accommodation is requested OT1

Edit

Special Notice Options

Standard print notices and data compact discs (CDs) that contain a Microsoft Word file sent by first-class mail. **Blind or Visually Impaired (Recurring)**

Edit

Standard Accommodation

Certified and Qualified Sign Language Interpreter **Deaf or Hard of Hearing (Recurring)**

Edit

Locally-Available Accommodation

Real-time Court Reporting **Deaf or Hard of Hearing (Recurring)**

Edit

Other Accommodation

dark room **Psychological or Emotional (Recurring)**

Submit

Previous

Cancel



SSN 123456789 Name JOHN DOE

Confirmation of Request for Reasonable Accommodation

- 1 ✓ Provide Information
- 2 ✓ Review Information
- 3 Confirmation

[Click here](#) to take an optional survey about your experience using the Section 504 Request Page.

✓ Confirmation Receipt

Congratulations! You have successfully completed your request for accommodation.

Confirmation Receipt

Congratulations! You have successfully completed your request for accommodation.

Accommodation

Request Information

| | |
|--|------------|
| Request Date | 06/04/2014 |
| Office Code where accommodation is requested | OT1 |

Special Notice Options

| | |
|--|---|
| Standard print notices and data compact discs (CDs) that contain a Microsoft Word file sent by first-class mail. | Blind or Visually Impaired (Recurring) |
|--|---|

Standard Accommodation

| | |
|---|--|
| Certified and Qualified Sign Language Interpreter | Deaf or Hard of Hearing (Recurring) |
|---|--|

Locally-Available Accommodation

| | |
|---------------------------|--|
| Real-time Court Reporting | Deaf or Hard of Hearing (Recurring) |
|---------------------------|--|

Other Accommodation

| | |
|-----------|---|
| dark room | Psychological or Emotional (Recurring) |
|-----------|---|

Done