

Skip to Content



# IMain


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

[Special Accommodation Request \(SNO\) - Approve/Deny](#)

[Special Notice Option \(SNO\) - Add/Update](#)

[Special Notice Option \(SNO\) - View Only](#)

Query:

 <b>Person Information</b>	Paperwork Reduction Act   Help
<b>SSN Query</b>	
* Indicates required information	
*SSN	<input type="text"/>
<input type="button" value="Query"/>	

**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 State/Territory ZIP Code DENVER COLORADO 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.	<b>Blind or Visually Impaired (Recurring)</b>
------------------------------------------------------------------------------------------------------------------	-----------------------------------------------

Standard Accommodation

Certified and Qualified Sign Language Interpreter	<b>Deaf or Hard of Hearing (Recurring)</b>
---------------------------------------------------	--------------------------------------------

Locally-Available Accommodation

Real-time Court Reporting	<b>Deaf or Hard of Hearing (Recurring)</b>
---------------------------	--------------------------------------------

Other Accommodation

dark room	<b>Psychological or Emotional (Recurring)</b>
-----------	-----------------------------------------------

Done