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IMain


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

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

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Query:



Person Information

Paperwork Reduction Act | Help

SSN Query

* Indicates required information

*SSN

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)**



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