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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:



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](#).

Military Service Information

Department of Defense (DoD) **No**
Wounded Warrior
Veterans Affairs 100% Permanent **No**
and Total Disability Compensation
Rating

Edit

Accommodation Information

* Indicates required information

Add or update notice option due to visual impairment Yes No

Active Accommodations

Active Accommodations	Request Date
Standard print notices and large print (18-point f	05/02/2019

Non-Standard Accommodations

Non-Standard Accommodations	Request Date	Status
Nh stated he wants large print letter to be sent t	05/02/2019	Pending

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

[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	Provided
<input type="checkbox"/>	Certified and Qualified Sign Language Interpreter	-- <input type="text" value=""/>	<input type="checkbox"/>
<input type="checkbox"/>	Handwritten notes	-- <input type="text" value=""/>	<input type="checkbox"/>
<input type="checkbox"/>	Lip reading or speech reading	-- <input type="text" value=""/>	<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	Provided
<input type="checkbox"/>	Certified and Qualified Video Remote Sign Language Interpreter (VRI)	-- <input type="text" value=""/>	<input type="checkbox"/>
<input type="checkbox"/>	Social Security employee who is a Qualified Sign Language Interpreter	-- <input type="text" value=""/>	<input type="checkbox"/>
<input type="checkbox"/>	Social Security employee who knows American Sign Language (ASL)	-- <input type="text" value=""/>	<input type="checkbox"/>
<input type="checkbox"/>	Bariatric chair	-- <input type="text" value=""/>	<input type="checkbox"/>
<input type="checkbox"/>	CapTel service	-- <input type="text" value=""/>	<input type="checkbox"/>
<input type="checkbox"/>	Real-time Court Reporting	-- <input type="text" value=""/>	<input type="checkbox"/>
<input type="checkbox"/>	UbiDuo face-to-face communicator	-- <input type="text" value=""/>	<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	Provided	Actions
<input type="text" value=""/>	-- <input type="text" value=""/>	<input type="checkbox"/>	<input type="button" value="Remove"/>

Request For Reasonable Accommodation

- 1 Provide Information 2 Review Information 3 Confirmation

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

*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



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

SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

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

Section 504 of the Rehabilitation Act of 1973 allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from providing you with the accommodation you are requesting.

We will use the information to process your request for reasonable accommodation. We may also share your information for the following purposes, called routine uses:

- To contractors and Federal, State, or local agencies, as necessary, to assist Social Security Administration (SSA) in providing accommodations to members of the public seeking access to our programs and activities, in compliance with Section 504 of the Rehabilitation Act of 1973. We will disclose information under this routine use pursuant only to a written agreement between SSA and that contractor or agency; and
- To Federal, State, or local agencies (or agents on their behalf) for providing accommodations to members of the public in compliance with Section 504 of the Rehabilitation Act of 1973, when that agency is administering cash or non-cash income maintenance or health maintenance programs (including programs under the Social Security Act).

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0378, entitled Requests for Accommodation from Members of the Public, as published in the Federal Register (FR) on June 17, 2014, at 79 FR 34558. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy/.