



PRIVACY THRESHOLD ANALYSIS (PTA)

This form serves as the official determination by the Component or DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals, and to assess whether there is a need for additional privacy compliance documentation or requirements. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used. In accordance with the Fair Information Practice Principles (FIPPs),¹ Component Privacy Officers should consider best practices for privacy safeguards and principles when reviewing and adjudicating PTAs.

Please complete the attached PTA and submit it to your Component Privacy Office. If you do not have a Component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance
The Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
PIA@hq.dhs.gov

The Component or DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If privacy compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement/Privacy Notice, or Computer Matching Agreement (CMA) – the Component Privacy Office will send you a copy of the relevant compliance template to complete and return.

¹ See [The Fair Information Practice Principles | Homeland Security](#).



Privacy Threshold Analysis (PTA)

Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections/Forms. This specialized PTA should accompany all Information Collections/Forms submitted as part of the Paperwork Reduction Act process (i.e., any instrument for collection (such as a form, survey, questionnaire) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

Form Number:	FEMA Form 256-FY-25-100(6/25)		
Form Title:	Request for Medical Documentation		
Component:	Federal Emergency Management Agency (FEMA)	Office:	Office of Civil Rights (OCR) – Disability Support Branch (DSB)

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	Click here to enter text.		
OMB Control Number:	1660-NW-179	OMB Expiration Date:	January 1, 2029
Collection status:	New Collection	Date of last PTA (if applicable):	January 6, 2025

PROJECT OR PROGRAM MANAGER

Name:	Alejandro Ortiz		
Office:	Disability Support Branch	Title:	Disability Program Manager (DPM)
Phone:	202-813-2511	Email:	Alejandro.ortiz@fema.dhs.gov

COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name:	Krista Westinson		
Office:	Information Management Division	Title:	Lead Government Specialist



Phone: 202-394-6377 Email: krista.westinson@fema.dhs.gov

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SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form

- a. Describe the purpose of the information collection or form. *Please provide a general description of the project and its purpose, including how it supports the DHS mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).*
If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.

FEMA’s Office of Civil Rights (OCR) – Disability Support Branch (DSB) is tasked with providing unbiased, authoritative guidance to FEMA managers, supervisors, employees, and contractors on the reasonable accommodation (RA) process. In that regard, OCR provides oversight on the timely processing of RA requests consistent with all relevant statutes, regulations, Equal Employment Opportunity Commission (EEOC), case law, and the FEMA Reasonable Accommodation Policy.

A “reasonable accommodation” is a change in the work environment or in work processes that enables a qualified individual with a disability to enjoy equal employment opportunities. Individuals with disabilities are a protected class under the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990. Section 501 of the Rehabilitation Act requires Federal agencies to provide reasonable accommodation to qualified employees and contractors with disabilities.

The Request for Medical Documentation form is designed to collect medical information from a licensed medical provider for employees and applicants who request a reasonable accommodation due to a disability. Specifically, this form will be utilized when the disability or need for accommodation is not obvious. The form is consistent with the Rehabilitation Act and EEO Guidance and supports DHS’s mission by ensuring Supervisors of Records (SOR), Senior Level Deciding Officials and Appeal Deciding Officials have accurate information as decision makers to support employees who request reasonable accommodations. The reasonable accommodation and medical-related information gathered will be reviewed by requestor’s deciding official (the deciding official for a RA request can be the employee’s SOR, a Senior Level Deciding Official designated by their program office, or an Appeal Deciding Official), the Office of Civil Rights, the Medical Division, and others with a genuine need-to-know.



Medical providers are generally members of the public, but in instances where FEMA employees' medical care is through the Department of Veterans' Affairs, the provider would be a federal employee.

b. List the DHS (or Component) authorities to collect, store, and use this information. *If this information will be stored and used by a specific DHS component, list the component-specific authorities.*

- Federal Emergency Management Agency (FEMA) Delegation Number: FDA 112-002a-1: *Delegations to Senior Leadership Officials and Related Authorities*, pg. 13 that authorizes DHS, and FEMA.
- § 513 of the Post Katrina Emergency Management Reform Act, 6 U.S.C. § 321b.
- The Rehabilitation Act of 1973, as amended, 29 U.S.C. §701 et. seq.; 29 C.F.R. §1614.203(d)(3)
- Executive Order 13164, *Requiring Federal Agencies To Establish Procedures To Facilitate the Provision of Reasonable Accommodation*, July 26, 2000

2. Describe the IC/Form	
a. Does this form collect any Personally Identifiable Information" (PII ²)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. From which type(s) of individuals does this form collect information? (<i>Check all that apply.</i>)	<input checked="" type="checkbox"/> Members of the public <input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents <input type="checkbox"/> Non-U.S. Persons <input checked="" type="checkbox"/> DHS Employees/Contractors (list Components): FEMA employees and FEMA contractors <input checked="" type="checkbox"/> Other federal employees or contractors Veterans Affairs doctors providing medical care to FEMA Employees who are veterans.
c. Who will complete and submit this form? (<i>Check all that apply.</i>)	<input checked="" type="checkbox"/> The record subject of the form (e.g., the individual applicant). <input type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input type="checkbox"/> Business entity.

² Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



	<p>If a business entity, is the only information collected business contact information?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Law enforcement.</p> <p><input type="checkbox"/> DHS employee/contractor.</p> <p><input checked="" type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i> A licensed medical provider who is familiar with the record subject’s need for accommodation.</p>
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<p><input checked="" type="checkbox"/> Paper.</p> <p><input checked="" type="checkbox"/> Electronic. (ex: fillable PDF)</p> <p><input type="checkbox"/> Online web form. (available and submitted via the internet)</p> <p><i>Provide link:</i></p>
<p>e. What information will DHS collect on the form? <i>List all individual PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.</i></p>	
<p>From FEMA Employee, about self:</p> <ul style="list-style-type: none"> • Name • Accommodation Description • How requested accommodation will allow requester to perform the essential functions of the job • Signature • Date <p>From Health Care Provider, about FEMA Employee:</p> <ul style="list-style-type: none"> • Nature, severity, and duration of requester’s impairment • Major life activities that are limited and extent • Reasonable accommodations required <p>From Health Care Provider, about self:</p> <ul style="list-style-type: none"> • Health Care Provider Name • Health Care Provider Signature • Date of Health Care Provider Signature 	



<ul style="list-style-type: none"> • Medical License Category • Medical License Number • Health Care Provider’s Office Phone Number 														
f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? <i>Check all that apply.</i>														
<table border="0"> <tr> <td><input type="checkbox"/> Social Security number</td> <td><input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI)</td> </tr> <tr> <td><input type="checkbox"/> Alien Number (A-Number)</td> <td><input type="checkbox"/> Social Media Handle/ID</td> </tr> <tr> <td><input type="checkbox"/> Tax Identification Number</td> <td><input type="checkbox"/> Known Traveler Number</td> </tr> <tr> <td><input type="checkbox"/> Visa Number</td> <td><input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Passport Number</td> <td><input type="checkbox"/> Driver’s License Number</td> </tr> <tr> <td><input type="checkbox"/> Bank Account, Credit Card, or other financial account number</td> <td><input type="checkbox"/> Biometrics</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other. <i>Please list:</i> Reasonable accommodation and medical-related information.</td> <td></td> </tr> </table>	<input type="checkbox"/> Social Security number	<input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI)	<input type="checkbox"/> Alien Number (A-Number)	<input type="checkbox"/> Social Media Handle/ID	<input type="checkbox"/> Tax Identification Number	<input type="checkbox"/> Known Traveler Number	<input type="checkbox"/> Visa Number	<input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.)	<input type="checkbox"/> Passport Number	<input type="checkbox"/> Driver’s License Number	<input type="checkbox"/> Bank Account, Credit Card, or other financial account number	<input type="checkbox"/> Biometrics	<input checked="" type="checkbox"/> Other. <i>Please list:</i> Reasonable accommodation and medical-related information.	
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<input checked="" type="checkbox"/> Other. <i>Please list:</i> Reasonable accommodation and medical-related information.														
g. List the <i>specific authority</i> to collect SSN or these other SPII elements.														
The Rehabilitation Act of 1973, as amended, 29 U.S.C. §701 <i>et. seq.</i> ; 29 C.F.R. §1614.203(d)(3)														
h. How will the SSN and SPII information be used? What is the purpose of the collection?														
The reasonable accommodation and medical-related information are requested, as allowed by law in the Rehabilitation Act of 1973 and related EEOC Guidance, to determine if an individual is: 1) a qualified individual with a disability entitled to an accommodation; and 2) what work-related accommodations would be effective to allow the individual to perform the essential functions of the job or enjoy their benefits of employment.														
i. Is SSN necessary to carry out the functions of this form and/or fulfill requirements of the information collection? <i>Note:</i> even if you are properly authorized to collect SSNs, you are required to use an alternative identifier. If there are technological, legal, or regulatory limitations to eliminating the SSN, privacy-enhancing alternatives should be taken, such as truncating the SSN.														
N/A														



<p>j. Are individuals provided notice at the time of collection by DHS (<i>Does the records subject have notice of the collection or is form filled out by third party</i>)?</p>	<p><input checked="" type="checkbox"/> Yes. Please describe how notice is provided. Notice is provided to health care providers via the Privacy Act Statement, located at the bottom of the form.</p> <p><input type="checkbox"/> No.</p>
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3. How will DHS store the IC/form responses?

<p>a. How will DHS store the original, completed IC/forms?</p>	<p><input type="checkbox"/> Paper. Please describe. Click here to enter text.</p> <p><input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. It will be stored in the Department of Homeland Security’s Accessibility Compliance Management System (ACMS). It will also be stored on the Disability Branch’s secure share drive.</p> <p><input checked="" type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. It will be stored in the Department of Homeland Security’s Accessibility Compliance Management System (ACMS) system. It will also be stored on the Disability Branch’s secure share drive.</p>
<p>b. If electronic, how does DHS input the responses into the IT system?</p>	<p><input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe. The requestor will submit the form manually via email to the Disability Support Branch (DSB) and DSB will upload into ACMS. The requestor can also upload the form directly to the secure DHS ACMS site themselves.</p> <p><input type="checkbox"/> Automatically. Please describe.</p>



<p>c. How would a user search the information submitted on the forms, <i>i.e.</i>, how is the information retrieved?</p>	<p><input checked="" type="checkbox"/> By a unique identifier.³ <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA.</p> <ul style="list-style-type: none"> • Employee Name • Reasonable Accommodation Request Number <p><input type="checkbox"/> By a non-personal identifier. <i>Please describe.</i> Click here to enter text.</p>
<p>d. What is the records retention schedule(s)? <i>Include the records schedule number.</i></p>	<p>GRS 2.3 Item 020: Temporary – Destroy 3 years from date of employee separation from the agency or all appeals are concluded whichever is later.</p>
<p>e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?</p>	<p>Manual Audit performed by OCR-DSB Administrative Support Specialist on a quarterly basis.</p>
<p>f. Is any of this information shared outside of the original program/office? <i>If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?</i></p>	
<p><input checked="" type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. Information is collected by the employee’s Program Office and reviewed by their Supervisor of Record, the Office of Civil Rights, Medical Division, and is uploaded to ACMS, a DHS system.</p> <p><input type="checkbox"/> Yes, information is shared <i>external</i> to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe. Click here to enter text.</p> <p><input type="checkbox"/> No. Information on this form is not shared outside of the collecting office.</p>	

³ Generally, a unique identifier is considered any type of “personally identifiable information,” meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



**Homeland
Security**

Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
pia@hq.dhs.gov
Version 02-2025



Please include a copy of the referenced form and Privacy Act Statement/Privacy Notice (if applicable) with this PTA upon submission.



PTA REVIEW (TO BE COMPLETED BY COMPONENT PRIVACY OFFICE REVIEWER)

Component Privacy Office Reviewer:	Jacqueline Fonseca-Ramos
PRIVCATS ID Number:	0019504
Date submitted to Component Privacy Office:	January 7, 2025
Concurrence from other Components involved (if applicable):	Click here to enter text.
Do you have an approved a Privacy Act Statement/Notice for this form?	<input checked="" type="checkbox"/> Yes. Please include it with this PTA submission. <input type="checkbox"/> No. Please describe why not. Click here to enter text.
Component Privacy Office Recommendation:	
<i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i>	
<p>FEMA Privacy recommends that this is a privacy sensitive collection, requiring PIA and SORN coverage, as it collects information from the public, FEMA employees/contractors, and other federal agency employees/contractors, and records are retrieved using unique identifiers.</p> <p>Recommended PIA coverage is provided by DHS/ALL/PIA-025 Accessibility Compliance Management System (ACMS), which covers the collection, use, maintenance, retrieval, and dissemination of PII for individuals seeking reasonable accommodations.</p> <p>Recommended SORN coverage is provided by DHS/ALL-033 Reasonable Accommodations Records System of Records which covers the collection of PII related to employees and applicants for employment who request or receive reasonable accommodations by the department. Additional SORN coverage is provided by OPM/GOVT-10 – Employee Medical File System Records, as modified by 75FR 35099 (June 21, 2010) which covers the collection of PII related to employees seeking a reasonable accommodation from the department. Lastly, additional SORN coverage is also provided by EEOC/GOVT-1, Equal Employment Opportunity in the Federal Government Complaint and Appeal Records which covers the collection of PII related to current and former EEOC employees and applicants' requests for reasonable accommodations, medical records, notes or records made about requests, decisions on requests and records made to implement or track decisions on requests.</p> <p>Notice is provided to health care providers via the Privacy Act Statement, located at the bottom of the form.</p>	



PTA ADJUDICATION (TO BE COMPLETED BY THE DHS COMPONENT PRIVACY OFFICE APPROVER)

Component Privacy Office Approver:	Jessica Minor
PTA Approved Date:	September 3, 2025
PTA Expiration Date:	September 3, 2026

DESIGNATION

Privacy Sensitive:	Yes If “no” PTA adjudication is complete.
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing SPII applies. <input checked="" type="checkbox"/> Privacy Act Statement/Notice required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
Privacy Act Statement/Notice:	<p>e(3) statement currently accurate.</p> <p>Authority: The Rehabilitation Act of 1973, 29 U.S.C. § 701 et. seq; The Americans with Disabilities Act, as amended, 42 U.S.C. § 12101 et. seq; 29 C.F.R. Part 1630; Executive Order 13164.</p> <p>Purpose: To facilitate the processing of reasonable accommodations to employees and applicants with disabilities in instances where the impairment is not known or obvious.</p> <p>Routine Uses: To be used by the FEMA Office of Civil Rights in instances where an employee/applicant requests a reasonable accommodation.</p> <p>Disclosure: Voluntary; however, failure to provide the requested information may hinder the ability of the agency to provide a complete or adequate reasonable accommodation.</p>
PIA:	<p>PIA update is required.</p> <p>If covered by existing PIA, please list: DHS/ALL/PIA-025 Accessibility Compliance Management System (ACMS)</p>



	If a PIA update is required, please list: ACMS PIA will need to be updated to include the collection of PII from medical professionals, who will either be members of the public or federal employees of other agencies.
SORN:	<p>System covered by existing SORN</p> <p>If covered by existing SORN, please list: DHS/ALL-033 Reasonable Accommodations Records System of Records; OPM/GOVT-10 – Employee Medical File System Records; EEOC/GOVT-1, Equal Employment Opportunity in the Federal Government Complaint and Appeal Records</p> <p>If a SORN update is required, please list: Click here to enter text.</p>
<p>Component Privacy Office Adjudication: <i>Please describe rationale for privacy compliance determination above.</i></p>	
<p>The FEMA Privacy Office is completing this new PTA to discuss the new reasonable accommodation form, FEMA Form 256-0-1 Request for Medical Documentation. The new form will be completed by medical professionals and uploaded to Accessibility Compliance Management System (ACMS) by the FEMA employee requesting a reasonable accommodation. The information collected includes but is not limited to, names, medical information, medical license category, medical license number, phone numbers, and addresses.</p> <p>Partial PIA coverage is provided by DHS/ALL/PIA-025 Accessibility Compliance Management System (ACMS), which covers the collection, use, maintenance, retrieval, and dissemination of PII for individuals seeking reasonable accommodations, but does not cover the collection of PII from medical professionals who will be completing the form. Updates will need to be made to include this category of individuals, who will be members of the public or federal employees from other agencies.</p> <p>SORN coverage is required because information is retrieved by a unique identifier. The FEMA Privacy Office finds SORN coverage is provided by DHS/ALL-033 Reasonable Accommodations Records System of Records, which covers the collection of PII related to employees and applicants for employment who request or receive reasonable accommodations by the department. Additional SORN coverage is provided by OPM/GOVT-10 – Employee Medical File System Records, as modified by 75FR 35099 (June 21, 2010) which covers the collection of PII related to employees’ medical records, forms, and reports that need to be retained to meet the mandates of law, Executive Order, or regulations. Lastly, additional SORN coverage is also provided by EEOC/GOVT-1, Equal Employment Opportunity in the Federal Government Complaint and Appeal Records which covers the collection of PII related to current and former EEOC employees and applicants' requests for reasonable accommodations, medical</p>	



records, notes or records made about requests, decisions on requests and records made to implement or track decisions on requests.

Notice is provided to health care providers via the Privacy Act Statement, located at the bottom of the form.

The FEMA Privacy Office has determined that this is a privacy sensitive collection, requiring PIA and SORN coverage, as it collects information from the public, FEMA employees/contractors, and other federal agency employees/contractors, and records are retrieved using unique identifiers. **Due to the need for PIA updates, 1 year of coverage is granted.**