



Smithsonian
Institution

Department of Defense and Smithsonian Institution Accommodation Request Form

The Smithsonian Institution signed an interagency agreement with the Department of Defense Computer/Electronic Accommodations Program (CAP) making its employees eligible for CAP services at no cost to the Institution. CAP pays for and provides a wide variety of assistive technology for people with hearing, visual, dexterity, cognitive or communication disabilities. Frequently requested accommodation solutions include teletypewriters (TTY's), captioning for training videos, print enlargers, screen readers, alternative keyboards, pointing devices, and speech recognition software. CAP also funds sign language interpreters, readers, and personal assistants for Federal employees needing to attend technology related training sessions that last two or more days. Information on CAP services is available at www.tricare.osd.mil/cap.

The process for customers to identify and request accommodations from CAP is simple. First, we strongly recommend a needs assessment to determine the best and most current technology for your condition. The needs assessment is conducted to identify accommodations suitable for an individual's specific situation. CAP staff works with employees and their supervisors to conduct a proper needs assessment. CAP also maintains the "CAP Technology Evaluation Center" (CAPTEC) where employees and their supervisors can evaluate and become familiar with assistive technology and facilitate the process of choosing the appropriate equipment. Call CAPTEC at (703) 693-5160 for more information or to schedule an appointment.

Following the completion of the needs assessment, the attached, two-page "CAP Request Form" is completed by the employee. Medical documentation from the employee's physician is required for 21 inch monitors and ergonomic requests. The Smithsonian may request additional medical documentation. The employee and his/her supervisor must sign the form. The Disabled Employees Program Manager in the Smithsonian's Office of Equal Employment and Minority Affairs will review and sign the form and submit it to CAP. The signatures certify that the accommodation is necessary for the person with a disabling condition to accomplish essential job requirements.

The completed form and supporting information should be faxed or sent to:

Office of Equal Employment and Minority Affairs
750 Ninth Street, Suite 8100
Washington, DC 20560
FAX: (202) 275-0160

CAP orders the equipment and it is shipped directly to the employee within 7 to 10 days if the accommodation is appropriate. The item requested becomes the property of the Smithsonian Institution. Furthermore, equipment maintenance beyond initial warranty period and additional supplies after receipt of equipment is the responsibility of the Smithsonian.

If you have any questions, please call Laura Conway, SAO EEO Officer at 5-7373 or OEEMA at (202) 275-0145 (Voice) or 202-275-0756 (TTY). You may also contact CAP at 703-681-8813 (Voice), 703-681-3978 (TTY) or e-mail CAP@tma.osd.mil.



Smithsonian Institution



CAP Office Use Only

Received: _____ [] EFMP [] Flexi
Completed: _____ [] DDESS [] WC
Ordered: _____ [] DoDDS [] CTRS
Declined: _____ [] MTF
Order #: _____
Vendor: _____
Item Description: _____

**Department of Defense & Smithsonian Institution
Accommodation Request Form**

Please Print

1. PERSON OR OFFICE TO BE ACCOMMODATED:

Last Name: _____ First Name: _____
Museum/Research Institute/Office: _____
Position Title: _____ Grade Level: ____ Occupational Series: _____
Are you a new federal employee? _____ Are you a new Smithsonian employee? _____

2. OFFICE LOCATION: (No acronyms)

Address: _____ Room Number: _____ MRC: _____
City, State, Zip Code: _____
Telephone # (Please indicate if TTY): _____ Fax #: _____
E-mail Address: _____

3. DISABILITY INFORMATION:

Circle your disability:
Deaf/Hard of Hearing Blind/Low Vision Cognitive Dexterity
Other Disability (Explain): _____

Please note: Medical documentation of legal blindness from the employee’s physician is required by CAP for 21 inch monitors. CAP also requires medical documentation of your disability if it is ergonomic related. The Smithsonian may request additional medical documentation. For more information, contact Laura Conway, SAO EEO Officer at 5-7373 or the Smithsonian’s Disabled Employees Program Manager at (202) 275-0150 (voice) or (202) 275-0756 (TTY).

Include your Workers’ Compensation Claim #, if applicable: _____
(Please attach the Department of Labor Claim Acceptance Letter to this form.)

Is this accommodation for a workstation in an approved flexiplace location? If yes, where? _____

*** **REQUESTS FOR EQUIPMENT** ***

4. ITEM REQUESTED: Complete this section only if you are requesting equipment. Include brand name/ model and attach any vendor information/brochures you may have (one item per request form). If requesting Speech Recognition Software, please complete and fax the “Speech Recognition Information Form,” located under “News - Documents” on the CAP website at <http://www.tricare.osd.mil/cap/sitemap.htm>. (The speech recognition form may be signed by the person in your unit who provides computer support.)

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Have you had a needs assessment with CAP? _____ If not, how did you determine the need for this item? _____

JUSTIFICATION: Explain how your disability is affecting your work: _____

Please explain how this item will assist you in completing the essential functions of your job. _____

COMPUTERSYSTEM CONFIGURATION: Identify your computer's operating system.

Win00 ___ Win98 ___ Win95 ___ Win3.x ___ Mac ___ DOS ___ Other ___

Do you need assistance with installation or training on the new equipment? _____

*** REQUESTS FOR SERVICES ***

5. FUNDED SERVICE: Complete this section only if you are requesting a funded: Reader, Interpreter, and Personal Assistant. These services are provided only to customers when they attend technical classes or conferences to obtain new computer-related skills. A training session or travel must last two or more days. Please submit a **fully completed request** at least **15 days** prior to the start of the training or travel. Complete sections A and B. Identify which funded service you are requesting from the list above. _____

A. Training Session:

Training Provider/Sponsor: _____

Training Course Title: _____

Course Location: _____

Course Dates: _____

B. Information on Service Provider (Interpreters. Readers. etc.):

For interpreting service information refer to the CAP Interpreter Database, located under "Deaf Accommodation Services" on the website. For information on obtaining a personal assistant, refer to the CAP Personal Assistant Guidelines, located under "News - Documents" on the website.

Agency/Service Provider Name, Point of Contact and Address: _____

Telephone/TTY #: _____ Fax #: _____

Cost/Quote (please attach): _____ Does service accept Credit Card Payment? _____

E-Mail Address: _____ Website: _____

* * *

SIGNATURES

* * *

6. Signatures: Signing this form signifies you agree to CAP terms and conditions.

Employee Signature: _____ Date: _____

Supervisor's Name: _____ Title: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Telephone/TTY #: _____ Fax #: _____

Signature - Disabled Employee's Program Manager (OEEMA): _____



Smithsonian
Institution

DRAFT
**Department of Defense and Smithsonian Institution
Medical Documentation Supplement**

Please Print

Employee's Name: _____

Smithsonian Unit: _____ Work Phone Number: _____

This form is for use by the Department of Defense's Computer/Electronic Accommodations Program in support of Smithsonian Institution employees who request accommodations through their program. **Medical documentation is required for requests for 21 inch monitors and ergonomic equipment under CAP's program.**

It is probably not necessary for you to undergo a new medical examination for the completion of this form if your condition has been evaluated recently enough to provide current information. You need only give a copy of this form to your physician and ask the physician to complete the section below. The form may be returned to you for your submission with the CAP/SI Accommodation Request Form (this supplement does not have to be reviewed by your supervisor). The provision of this information is entirely at your discretion and expense. It is your responsibility to ensure that this document is submitted on a timely basis if you want it to be considered. If you have any questions about this request, please contact Laura Conway, SAO EEO Officer at 5-7373 or The Office of Equal Employment and Minority Affairs at 202-275-0145 (voice) or 202-275-0756 (TTY).

Please ask your physician to provide the following information (a separate sheet may be attached):

Medical diagnosis of legal blindness

-OR-

Medical diagnosis of ergonomic-related condition

Physician's Name: _____ Phone Number: _____

Physician's Signature: _____ Date: _____

I authorize my physician to provide the above information.

Employee's Signature: _____ Date: _____