

**WESTCHESTER JEWISH COMMUNITY SERVICES
REQUEST FOR ADA SERVICE ANIMAL ACCOMODATION**

Please complete the following information (please Print):

Today's Date: _____ (Please note, all requests must be made at least 2 weeks prior to the date you would like to begin attending the program with your service animal).

Your Name: _____

I want to attend the following program/service with my service animal:

Name of Program/Service: _____

Program/Service Location: _____

Program/Service Provider name (if known): _____

Date you would like to begin attending the program/service with your service animal: _____

ADA Required Information:

Do you have a disability? ____ Yes ____ No

What specific tasks has your animal been trained to perform that assist you with your disability? Please be clear in your description.

1. _____
2. _____
3. _____

The following information WJCS is asking that you provide voluntarily but is not required for your ADA request:

Does your service animal:

Have current Immunization and vaccination? ____ Yes ____ No

Wear a current rabies vaccination tag? ____ Yes ____ No

Wear a current License tag (obtained from owner's town)? ____ Yes ____ No

Please email, fax, mail or hand in person either to your program/service staff member or to the Compliance Officer, Jeff Apotheke:

Phone (914) 761-0600, x216 Fax (914) 761-5367

Office Address: 845 N. Broadway, White Plains, NY 10603

Please address any questions to WJCS Compliance Officer, Jeff Apotheke.