



# Florida Gaming Control Commission

JULIE I. BROWN, VICE CHAIR  
CHUCK DRAGO, COMMISSIONER  
JOHN D'AQUILA, COMMISSIONER  
TINA REPP, COMMISSIONER

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## Florida Gaming Control Commission Disability Accommodation Request Form

### Right to an Accommodation

If you are a qualified individual with a disability, the Florida Gaming Control Commission (FGCC) will provide you with reasonable accommodations.

### How to Request an Accommodation

Requests for accommodations may be presented on this form preferably, in another written format, or orally. Please complete this form and submit to [ADA.Coordinator@flgaming.gov](mailto:ADA.Coordinator@flgaming.gov) or by mail to FGCC ADA Coordinator at 4070 Esplanade Way, Suite 250, Tallahassee, Florida 32399.

FGCC, in its discretion, may require the individual with a disability to provide additional information about the impairment if the proposed accommodation may present a fundamental alteration in a commission meeting.

### ADA Accommodations Provided by FGCC

Pursuant to Title II of the Americans with Disabilities Act, as amended by the ADA Amendments Act of 2008 (ADA), FGCC will make reasonable modifications as appropriate and necessary. Accommodations that are granted by FGCC are made at no cost to qualified individuals with disabilities.

### Aids/Services FGCC Cannot Administratively Grant as ADA Accommodations

Examples of aids or services that FGCC **cannot** provide as an accommodation under the ADA include:

- Transportation to and from the Commission meeting
- Legal counsel or advice
- An official transcript of a proceeding
- Personal devices such as wheelchairs, hearing aids or prescription eyeglasses
- Personal services such as medical or attendant care

Finally, the ADA does not require FGCC to take any action that would fundamentally alter the nature of programs, services, or activities, or that would impose an undue financial or administrative burden on the agency.

## **Documentation of the Need for Auxiliary Aids and Services**

If an individual has a disability that is not obvious, or when it is not readily apparent how a requested accommodation relates to an individual's impairment, it may be necessary for FGCC to require the individual to provide documentation from a qualified health care provider in order for FGCC to fully and fairly evaluate the accommodation request.

These information requests will be limited to documentation that (A) establishes the existence of a disability; (B) identifies the individual's functional limitations; and (C) describes how the requested accommodation addresses those limitations. Any cost to obtain such documentation is the obligation of the person requesting the accommodation.



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## Disability Accommodation Request Form

Submit form to [ADA.Coordinator@flgaming.gov](mailto:ADA.Coordinator@flgaming.gov)

Name of Person needing accommodation: \_\_\_\_\_

### Contact Information for the Person Needing Accommodation

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip Code

\_\_\_\_\_

Telephone number (include area code)

\_\_\_\_\_

Email address

### Person Making Request (if other than the person needing the accommodation)

\_\_\_\_\_

Name and Affiliation to Person Needing an Accommodation

\_\_\_\_\_

Telephone number (include area code)

\_\_\_\_\_

Email address

### Accommodation Information

Date and duration of accommodation needed:

\_\_\_\_\_

Time accommodation needed: \_\_\_\_\_

Location for accommodation needed:

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**Accommodations Requested**

Nature of disability that necessitates accommodation:

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Accommodation requested:

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Signature of Person Making the Request

Date