



## Mississippi Department of Wildlife, Fisheries, and Parks

### ADA ACCOMMODATION REQUEST FORM

The Mississippi Department of Wildlife, Fisheries, and Parks is committed to providing equal opportunity and access to all agency programs and activities. The MDWFP will make every effort to satisfy requests made by persons with disabilities, provided the accommodation does not result in a fundamental alteration in the nature of the program or activity, does not create an undue financial or administrative burden, or does not constitute a violation of state or federal law. If you are an individual with a disability who needs an accommodation to participate in a service, program, or activity, you are entitled, at no cost to you, to the provision of certain assistance. Requests for accommodations may be presented on this form, in another written format, or orally. Upon request by a qualified individual with a disability, this document will be made available in an alternate format. If you need assistance in completing this form due to your disability, or to request this document in an alternate format.

For applicant accommodation requests, a “bona-fide” physical or mental skill or ability may be required to satisfactorily perform the duties of the job as described on the official position description and/or class specification. Applicants must be able to perform all essential functions of the position, with or without reasonable accommodation.

In the context of assessing an accommodation request, medical documentation may be needed. Medical documentation is often needed to determine if the applicant has a disability covered by the ADA and is entitled to an accommodation (i.e., has a permanent disability, as distinguished from temporary disability, that substantially limits one or more major life activities, affects the applicant’s ability to access a program or activity) and if so, to help identify an effective accommodation.

Generally, in the context of an accommodation, medical inquiries related to an applicant's disability and functional limitations are permissible and may include consultations with knowledgeable professional sources, such as doctors, occupational and physical therapists, rehabilitation specialists, and organizations with expertise in adaptations for specific disabilities. The applicant has the responsibility to ensure that the medical provider follows through on requests for medical information.

Once a request is received, the requester will receive a notification of receipt within 3 business days. The request will be evaluated by the Executive Staff Officer and a determination regarding acceptance or denial of the request will be issued within 5 business days after receipt of the request. If the request is denied, the response will contain a full justification for why the request was deemed unreasonable. If the request is accepted, the MDWFP will fulfill its obligation to meet the request.

Please return your completed form to:

To file a discrimination complaint, access our form here and either email the completed form to [accessibility@wfp.ms.gov](mailto:accessibility@wfp.ms.gov) or mail it to the following addresses:

Doug Mann  
Executive Staff Officer  
Mississippi Department of Wildlife, Fisheries, and Parks  
1505 Eastover Drive  
Jackson, MS 39211-6374

And a copy  
to:

Emily Johns  
Human Resources Director  
Mississippi Department of Wildlife, Fisheries, and Parks  
1505 Eastover Drive  
Jackson, MS 39211-6374

**Mississippi Department of Wildlife, Fisheries, and Parks  
ADA Accommodation Request Form**

Please Print:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

- Type of Accommodation Requested:
- Job Applicant Accommodation
  - Program Customer Accommodation MDWFP
  - Limited Use of ATV Accommodation

Requestors are encouraged to include appropriate medical documentation confirming the need for the accommodation. The MDWFP may require requestors to provide appropriate medical documentation.

**Description of Accommodation Request:** Please describe in detail the nature of your request and the accommodation(s) you are requesting. List specific steps you feel the agency may take to make the accommodation.

If you are requesting an accommodation to participate in an agency program or activity, it is important to explain in detail the activities in which you are interested (e.g. hunting, bird watching, etc.) and the geographical locations where you will need the accommodation (i.e. hunting, on Phil Bryant WMA, etc.). You must explain why you are unable to currently participate in the program/activity and what accommodations you are requesting to enable you to participate.

In many cases the agency is able to review the requested accommodation with the information provided. If additional information is needed, you will be contacted to discuss the request.

(Use as many pages as necessary to explain)

\_\_\_\_\_  
(Signature of person needing the accommodation)

\_\_\_\_\_  
Date