

SPECIAL ACCOMODATIONS REQUEST FORM

Health Heroes Academy will provide reasonable accommodations to applicants who require special accommodations to complete any of our courses.

Please follow these instructions to submit your Special Accommodation Request Form and documentation:

→ If you require any accommodations to be able to successfully and safely complete all the required skills to become a caregiver, please fill out this form. The form should detail precisely what accommodation you need and why. Once you have completed the form, please email it to healthheroesacademymke@gmail.com along with supporting documents that outline your diagnosis or accommodation needs.

→ Submission of the form does not guarantee acceptance into the program. Your accommodations request will be reviewed and approved by HHA Staff and DHS. We will contact you if more details are needed. Any accommodation that is requested must also be safe for the patients you will be caring for during the training.

Please be aware that all the information you provide below will be kept confidential. To ensure that we provide suitable accommodations, please specify your request in detail. For instance, if you have visual impairments, kindly let us know that you need large print materials. If you have hearing impairments, please indicate that you need to be seated toward the front of the class. If you have difficulty reading, please specify that you need to have your exams read to you. To grant an accommodation, Health Heroes Academy may need to share information with the staff, the healthcare facility where you will be completing your clinical, and appropriate state agencies. It is important to note that the approval process may take up to 60 days. Please sign your name on this form to indicate your permission for Health Heroes Academy to share information about your specific accommodation request with anyone needed to help decide in the approval process. Your signature below indicates that you understand the above information.

All requests will be considered on a case-by-case basis. It will be necessary for training staff to speak and correspond with you regarding specific arrangements. Therefore, **YOU MUST** provide a current email address, and daytime telephone number and keep Health Heroes Academy informed if any of those items change.

(Any specialized equipment required must be provided by the student)

Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone: _____ Date of Birth: _____
Applicant Signature: _____

Please describe your accommodation request and provide a brief description explaining why it is needed:

ESL Students: Students who have English as a second language are allowed a word for word dictionary for the Health Heroes Academy Final Exam and the State Exam. For all other online materials and quizzes, we strongly encourage a traditional style dictionary. You are welcome to bring it to class. You may also request to have the test read to you or request additional time to complete the test if this would be helpful. Please let us know if you need any of these accommodations below:

Students with Vision Impairments NOT corrected with traditional eyeglasses: Please outline what is needed during in-person hands on training to help you successfully complete the training.

Students with current or past IEP's: Please provide details on what is needed to help you successfully complete the training

Students with Physical/Medical Challenges: Please review each of the skills **AND** their steps on the Health Heroes Academy Skills Checklist found in the student handbook List each skill step that you foresee having a challenge with for each skill and what accommodation is needed for you to complete this skill in a safe manner for both you and the residents in your care. Under some circumstances, we may need documentation from a healthcare provider. If this is needed, we will notify you as soon as possible.

Auditory Impairments: Please provide details on what is needed to help you successfully complete the training

All other accommodation requests: Please outline the requests here:

IMPORTANT NOTES:

To make the necessary arrangements to accommodate your needs, all requests and supporting documentation (please include additional pages if needed) **MUST BE ATTACHED AND SUBMITTED via email with your application.**

Please note the review process will take 60 business days. However, the process may take longer if Health Heroes Academy or the State Agency needs to reach out for more information. Additionally, any adjustments to our current skill steps will need to be approved by DHS before we can proceed with enrolling you into the program.

- A Special Accommodation request will not be reviewed until the appropriate documentation is received.

Health Heroes Academy will review the request and inform you via email of any approved or denied accommodation. Your request must be reasonable and able to be provided by Health Heroes Academy without:

- Posing a risk to the health, safety, or welfare of yourself, your clients, or co-workers/students.
- Fundamentally altering the purpose of the course which is intended to verify your training, competency, and hands-on skill in the mandatory nurse aide subject areas identified by law, including 42 CFR §§ 483.150 to 483.160

To receive approval to use an accommodation for testing you must complete the Headmaster ADA form which can be found [HERE](#).

DENIAL AND APPEAL PROCESS | TRANSFER OF INFORMATION | RECORD OF REQUEST:

If Health Heroes Academy staff does not have sufficient evidence to grant the accommodation, the applicant will be informed of the requirements. The applicant may appeal staff findings to Health Heroes Academy by submitting a written request for appeal within 10 days of the notification of insufficient evidence to grant the accommodation. The request should be sent to healthheroesmke@gmail.com.

- All accommodations must guarantee the safety of the individuals you will be caring for and must not pose a risk to the health, safety, or welfare of yourself, your clients, or co-workers/students.
- All accommodation requests are maintained and filed in the applicant's file and ***are not*** considered public records.

Your signature below indicates that all the information you provided is correct, including all documentation and you grant permission to Health Heroes Academy staff, RN Instructors, and appropriate State Agencies to be informed of the accommodation requested as needed. All information in this application regarding your specific accommodation request are considered strictly confidential and will be shared only with the parties listed above on a need-to-know basis.

Attach your **SPECIAL ACCOMODATION** request with supporting documentation and send via email with this form to – healthheroesmke@gmail.com

Applicant's Signature: _____ Date: _____

Parent or legal guardian signature: _____ Date: _____
(If Applicable)

ADDITIONAL NOTES, IF NEEDED