



Maine Developmental Disabilities Council

Request for Accommodations

(All information is confidential)

Name: _____ Date: _____

Brief description of your disability: _____

Requested accommodations: _____

Statement of need for accommodations: _____

Please make sure to include your name and answer all 3 parts.

Fillable Form is available on maineddc.org for future use.

Email form to Council Office for review to Brenda.C.Charneski@maine.gov

FOR MDDC OFFICE USE ONLY

Date Received: _____

Availability: Immediately

Date Reviewed: _____

Next Council Meeting Date _____

apprvd 04.17.2025