



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

<i>FOR MDDC OFFICE USE ONLY</i>	
Date Received: _____	Availability: <input type="checkbox"/> Immediately
Date Reviewed: _____	<input type="checkbox"/> Next Council Meeting Date _____

apprvd 04.17.2025