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| **Disability Self-Disclosure Statement & Reasonable Accommodation Request** | | |
| **Participant Name:** | | |
| The Nebraska Department of Labor, supports the purposes of the Federal Rehabilitation Act of 1973 as codified in Title 29 U.S.C.A. 794(7) (B), which requires an organization to provide assurance that no qualified disabled person shall, solely by his/her disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in employment and program participation.  Section 29 U.S.C.A. 794(7) (B) defines a disabled individual as any person who:   1. Has a physical or mental impairment which substantially limits one or more of his/her major activities. 2. Has a record of such an impairment, or, 3. Is regarded as having impairment.   Examples include, but are not limited to: loss of an arm, leg or other body system, or a disease or condition which affects the heart, brain, vision, speech, hearing, or emotional well-being of the individual.  Disclosure of this information is voluntary. Information obtained will be considered confidential. Your assigned Career Planner and their Regional Manager may be informed on a need-to-know basis in order to make reasonable accommodations for your participation. First aid personnel may be informed as applicable and government officials may be informed where required.  We request that all WIOA participants voluntarily complete the disclosure statement and return to your Career Planner. | | |
| **Voluntary Self-Disclosure** | | |
| Choose Not to Respond |  | |
| Not Disabled |  | |
| Disabled | **If checked, complete the following:** | |
| Identify physical impairment: | | |
| Identify the mental impairment: | | |
| Identify any barriers which prevent access or use of work space, classroom, or facilities: | | |
| Identify items that would aid you in your participation; please describe: | | |
| Signature of Participant: | | Date: |