



**Accommodations and Resource Center (AARC)**

**Confidential Intake Form – WU Employee**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mobile #: \_\_\_\_\_

1. Briefly describe your disability.
  
  
  
  
  
  
  
  
  
  
2. Explain how your disability limits your ability to function in your position.
  
  
  
  
  
  
  
  
  
  
3. What accommodations do you believe would assist you in your position at Western University of Health Sciences?

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**Employee Signature/Date**