**Board of Industrial Insurance Appeals**

**Request for Accommodation**

**2430 Chandler Court SW**

**PO Box 42401**

**Olympia, WA 98504-2401**

**FAX: 360-586-5611 or 855-586-5611 (outside Olympia)**

**Email: accommodationtriage@biia.wa.gov**

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| **1. Today's Date:** |       |
| **2. Case Name:**  |  | **Docket No.:**  |  |

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| **3. Requestor's Information** |
| Prefix: | [ ]  Mr. [ ] Ms. [ ]  Mrs. [ ]  Mx. | Pronouns (optional): |       |
| Name: |       |
| Address: |       |
| City: |       | State: |       | Zip: |       |
| Phone: |       | Email: |       |
| I am: | [ ]  Worker/Claimant [ ]  Employer [ ]  Attorney [ ]  Witness [ ]  Other       |

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| **4. What is your disability?** |
| Click here to describe disability. |

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| **5. Do you have a specific diagnosis?** |
| Click here to enter diagnosis. |

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| **6. Do you have a primary physician for the condition? If yes, enter physician's name, specialty, and contact information. Attach any medical records you want us to consider regarding your request.** |
| Click here to enter physician information. |

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| **7. How does your disability impact your ability to participate in the appeal process at the BIIA?** |
| Click here to describe. |

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| **8. What ideas do you have for how we can accommodate your disability?** |
| Click here to describe. |

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| **9. What else would you like to tell us to help us understand your request?** |
| Click here to enter additional information. |

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| **10. How should we contact you?** |
| [ ]  Phone [ ]  U.S. Mail [ ]  Email [ ]  Other (specify)       |

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| --- | --- |
| Print Name: |       |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_