



PtHA[®]
REASONABLE ACCOMODATION

7330 NW 23rd Street • Bethany, OK 73008
(405) 491-0111 • FAX (405) 787-0773
membership@pinto.org • www.pinto.org

Office Use Only

Member Name: _____ PtHA No.: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone No.: _____ E-mail address: _____

If applicable:

Legal Guardian Name: _____ PtHA No.: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone No.: _____ E-mail address: _____

Please complete application in its entirety. Please use additional pages as necessary and include any information deemed relevant to the application. Please note questions three and four must be completed by member's physician.

1. Identify the activity for which accommodation is sought:

2. Reason accommodation is needed:
