

Matthew Fraser LLC
ADA / Reasonable Accommodation Policy

1. Matthew Fraser LLC (“Business”) does not discriminate on the basis of race, color, religion, national origin, ancestry, sexual orientation, age, familial status, gender identity or physical or mental disability or any protected class in its programs, activities, functions or services.
2. The Business will make reasonable accommodations for people with disabilities when an accommodation is necessary to insure equal access to its events and/or programs. Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.
3. If an individual with a disability requires an accommodation such as an accessible feature or modification, Business will provide a reasonable accommodation unless doing so would result in a fundamental alteration to the nature of the program or an undue financial burden and/or an undue administrative burden. In such a case, the Business will provide another accommodation that would not result in a fundamental alteration to the nature of the program, undue financial burden, and/or undue administrative burden, after engaging and considering pertinent factors.
4. Reasonable accommodation requests will be processed in the order in which the written request is received. Persons may make Reasonable Accommodation requests at any time by completing the Reasonable Accommodation Request Form, available on Business’s website

PROCESS

1. Please obtain and complete from this Business’s website the Reasonable Accommodation Request Form, attached below, and email or fax to: Info@MeetMattFraser.com ,+ 1 (401) 808-8667.
2. Business has the right to request sufficient documentation to make a decision, but does not have a right to diagnosis, medical history or treatment unless directly relevant to a reasonable accommodation request.
3. The Business will consider, process, and respond to reasonable accommodation request as soon as possible, but within 10 working days. Whenever possible, Business will consult with individual requesting the reasonable accommodation to determine what type of auxiliary aid / accommodation is needed. Per the ADA, the ultimate decision as to what measures to take rests with the Business, provided that the method chosen results in effective accommodation.
4. If the Business determines that the request poses an undue financial and/or administrative burden, they will notify the requester and offer to make changes that do not pose such a burden while still providing equal access.

Matthew Fraser LLC
Reasonable Accommodation Request Form

Please email or fax this completed Form to: Info@MeetMattFraser.com ,+ 1 (401) 808- 8667.

1. Matthew Fraser LLC (“Business”) does not discriminate on the basis of race, color, religion, national origin, ancestry, sexual orientation, age, familial status, gender identity or physical or mental disability or any protected class in its programs, activities, functions or services.

2. In accordance with laws concerning persons with disabilities, this Business, upon request, may need to make reasonable accommodation(s). These reasonable accommodations may be required if they are necessary to enable a person with a disability to not be excluded, denied services, segregated, or otherwise treated differently, unless the Business can demonstrate that taking those steps would fundamentally alter the nature of the goods, services, facilities, privileges, advantages, or accommodations being offered or would result in an undue burden i.e., significant difficulty or expense. Please note that such accommodations must be necessary, not just desirable.

The subject individual has a disability or handicap which conforms to the ADA definition:

- a. A physical or mental impairment that substantially limits one or more of the major life activities of an individual.
- b. A record of such impairment; or
- c. Being regarded as having such impairment.

Person for whom reasonable accommodation is requested meets this criteria: YES___ NO___

Explanation of need(s)/accommodations to substantiate your reply to the above statement. Please use additional space / page if necessary.

Please print name(s) of person completing this form, and of person for whom the reasonable accommodation is requested:

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Printed Name	Signature	Date
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