

Overview

This document sets forth the procedure that applies when an applicant requests an accommodation due to a medical condition for either the application or interview process. If the request is for the interview, it is suggested that it be done in advance.

Procedure for Requesting an Accommodation Based on a Medical Condition

An applicant may initiate a request an accommodation based on a medical condition by submitting an **Accommodation Request Form** to the Disability Case Manager at the Wellness Center. In considering such a request, the Wellness Center may require the applicant to provide medical documentation from their health care professional. In such cases, the Wellness Center shall request that the applicant to sign an Authorization for Release of Medical Records form authorizing disclosure of medical information to Freddie Mac, and shall provide the applicant with a letter to the health care professional identifying the specific information required. The applicant is responsible for ensuring that his or her health care professional receives the letter and the release and provides the required information on a timely basis. The failure to provide appropriate documentation or to cooperate with Freddie Mac's efforts to obtain such documentation can result in a denial of the request.



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Accommodation Request Form for Applicants

This form is to be completed by applicants seeking an accommodation due to a medical condition for either the application or interview process. For purposes of this form, "medical condition" means any physical or mental health impairment. When completed, this form should be provided to the Wellness Center by confidential fax at (703) 903-2803 or mail to the address below:

Freddie Mac
Wellness Center
Disability Case Manager
8200 Jones Branch Drive, MS 111
McLean, VA 22102.

Applicant Information

1. Name:
2. Position Applying for:
3. Home address:
4. Home and cell telephone numbers:

Medical Condition Information

5. Description of medical condition:
6. Impact of condition on ability to perform other significant life activities (e.g., sleeping, eating, seeing, hearing, walking, thinking):
7. Treating physician or health care professional name & telephone contact information:

Accommodation Request

8. Specific Accommodation requested:

Signature:

Date: