



**Utah State Instructional Materials Access Center**  
742 Harrison Blvd. | Ogden, Utah 84404  
Phone: 801-629-4706 or 4783 | Fax: 801-629-4800  
usimacorders@usdb.org

## **Request for Consideration of Services Chafee Eligibility Form (Required Yearly)**

Student: \_\_\_\_\_ SSID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_ School District: \_\_\_\_\_ Special Education Director: \_\_\_\_\_  
Special Ed. Director Email: \_\_\_\_\_ Special Ed. Director Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Use of USIMAC services is limited to students with a documented print disability in their IEP/504 accommodation. Under IDEA 2004, students who are blind, visually impaired, have a physical limitation or a reading disability may be qualified to access and use specialized formats under provisions of the Chafee Amendment to the Copyright Act.

Eligibility is determined by the IEP/504 team. As a result, school districts should keep on file documentation of students' eligibility to use accessible educational materials produced by USIMAC. Proof of a student's disability needs to be certified by a qualified professional, as explained below.

### **Definitions for Competent Authority:**

---

- **Blindness, Visual Impairment, or Physical Limitations (including TBI)**
  - Doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and professional staff of hospitals, institutions (including schools), public or private welfare agencies, or any person whose competence under specific circumstances is acceptable to the Library of Congress.
  
- **Organic Dysfunction (including dyslexia and learning disabilities)**
  - Eligibility must be certified by doctors of medicine, doctors of osteopathy, or be included on the student's IEP/504.

**Please choose one of the following:**

**I certify that this student has been diagnosed with:**

\_\_\_\_\_  
Signature of Competent Authority

\_\_\_\_\_  
Printed Name and Title

Rev. 8/28/18

Approval by: _____
Date of Approval: _____
Date of Denial: _____
Reason: _____

Please submit this form using Google Drive or save this as an encrypted file and attach as an email to: [usimacorders@usdb.org](mailto:usimacorders@usdb.org) if you don't receive confirmation of receipt please call, phone numbers are listed at the top of this form.