

## HEAT SENSITIVITY FACT SHEET

As temperatures rise, we are letting you know that certain medical conditions or medicine may make you more sensitive to heat. These medications include:

TRADE NAME	GENERIC NAME
Abilify	Aripiprazole
Clozaril/Fazaclo	Clozapine
Fanapt	lloperidone
Geodon	Ziprasidone
Invega/Sustenna	Paliperidone
Latuda	Lurasidone
Risperdal/Consta	Risperidone
Saphris	Asenapine
Seroquel	Quetiapine
Zyprexa	Olanzapine

TRADE NAME	GENERIC NAME
Haldol	haloperidol
Loxitane	loxapine
Mellaril	thioridazine
Navane	thiothixene
Prolixin	fluphenazine
Serentil	mesoridazine
Stelazine	trifluoperazine
Thorazine	chlorpromazine
Trilafon	perphenazine

**If you take one of these, or if you have a medical condition that makes it hard for you to tolerate heat, you can ask for a reasonable accommodation.** A reasonable accommodation is a type of help that we can provide you. It can include something like air conditioning.

You can request a reasonable accommodation by filling out the attached form.

If you take any of the medications listed above, please include a copy of your prescription or a photo of the medicine bottle with your name on it and/or a letter from your doctor with the request. If you have a medical condition that makes it hard for you to tolerate heat, please include a letter from your doctor.

If you have any questions, please contact your on-site director.

**COMPLETE NEXT PAGES TO REQUEST A REASONABLE ACCOMMODATION**

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## REASONABLE ACCOMMODATION REQUEST FORM

**INSTRUCTIONS:** Clients must complete Section I and submit this form along with supporting documentation to the Program/Facility Director, or functional equivalent (“Director”). Any Director receiving a completed form with appropriate medical documentation must complete Section II, return a copy to the client, and immediately transmit by facsimile the request and supporting documents to the appropriate Program Administrator, and the Office of Diversity & Equal Opportunity Affairs.

**Section I: (This section must be completed by the client.)**

Name: \_\_\_\_\_

Address/Facility/Program: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Describe the Accommodation Requested (attach additional sheets and supporting documentation as appropriate).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II: (To be completed by the Director or his/her designee.)**

Name/Title: \_\_\_\_\_

Facility/Program: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date Received: \_\_\_\_\_

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

**After completing this section, the Director must give a copy of this form to the client and immediately fax the request to the appropriate Program Administrator, Program Analyst and the Office of Diversity & Equal Opportunity Affairs, 33 Beaver Street, New York, New York 10004/Tel. 212-361-7914/ Fax. 212.361.7915/ [eo@dhs.nyc.gov](mailto:eo@dhs.nyc.gov).**

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