



Computer/Electronic  
Accommodations  
Program

## Designation of Computer/Electronic Accommodations Program (CAP) Representation at the Military Treatment Facility

In accordance with the Department of Defense Instruction 6025.22, Assistive Technology (AT) for Wounded Service Members, the Commanding Officer at the Military Treatment Facility (MTF) shall designate an appropriate individual to serve as the CAP Representative. The CAP Representative will coordinate AT needs assessments, requests and related services with the DoD CAP Office to ensure eligible Service members receive appropriate accommodation solutions. The MTF CAP Representative shall identify when CAP staff members are required to assist in the assessment process. Needs assessments shall include aspects of Service members' functional limitations, computing or communication tasks, technical specifications for computers and/or telecommunication systems, and identification of training needs. Once completed, the needs assessment information shall be submitted to CAP as part of the AT request.

CAP, located in Arlington, VA, provides a centrally funded process to increase accessibility of electronic and information technology systems. CAP provides AT to increase access to computer and telecommunication systems by employees with disabilities within the Department of Defense, Federal partner agencies, and Service members with cognitive, communication, dexterity, hearing, and vision impairments. The CAP mission is *to provide assistive technology and accommodations to ensure people with disabilities and wounded Service members have equal access to information and opportunities.*

### Department of Defense CAP Contact Information:

DoD Computer/Electronic Accommodations Program  
Ms. Dinah F. B. Cohen, Director  
1700 N Moore Street, Suite 1000  
Arlington, VA 22209

Voice: 703-614-8416  
Fax: 703-697-5851  
Email: [dinah.cohen.civ@mail.mil](mailto:dinah.cohen.civ@mail.mil)

### MTF CAP Representative Contact Information:

MTF: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Voice: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

**Please fax agreement to 703-697-5851.**