



Computer/Electronic
Accommodations
Program

CAP Videophone Additional Information Request Form

CAP is reviewing your request for a video phone (VP). In order to provide your reasonable accommodation for your essential job functions, we require additional information to clarify job duties and your technical environment. This form ensures CAP provides a tool that is both reasonable and assists in doing the daily functions of the job. CAP does have the right to determine which VP to procure other than the one you selected. Please provide the information requested below.

Name: _____ Agency: _____ Office: _____
Address: _____

Essential Job Functions and Individual Capabilities

How often do you travel out of the office or perform field work? _____
Do you require Voice Carry Over (VCO), enabling you to use your own voice on the telephone? Yes ___ No ___

Your Agency IT Point of Contact and your Supervisor must sign this form indicating that the agency will provide high-speed broadband Internet to either a web camera or a VP. If that is not allowed, a separate DSL or cable TV high speed broadband is recommended.

Technical Requirements - To be filled out only by your Information Technology Point of Contact

Does your agency have an installed high-speed broadband Internet (384kbps or better for uploads & downloads)? Yes ___ No ___

Will your agency provide high-speed broadband Internet installation (via DSL, Cable, T1, or LAN)? Yes ___ No ___
If the agency will provide this new installation, select the option above and identify when will it be installed: ___/___/___

Will a VP work on your agency's internal network? Yes ___ No ___

If YES, will your agency be able to open certain firewall ports for H 323 video calls? Yes ___ No ___ N/A ___

Is a specific VP approved for your agency's network? Yes ___ No ___ If YES, identify here: _____

Can your agency's IT infrastructure resolve firewall issues by programming port forwarding information for incoming/outgoing video calls? Yes ___ No ___

Will your agency open inbound and outbound ports for a VP? Yes ___ No ___

Will your agency provide a static IP address or port forwarding for the VP? Yes ___ No ___

Which type of internet connection for VPs does your agency allow? Select One: Ethernet, WiFi, Both

When you receive the VP, will your Agency's IT Point of Contact help you with installation? Yes ___ No ___

Would you want the vendor to come to your workplace for a VP installation? Yes ___ No ___

For all VP/webcam users, a static (permanent) IP address is recommended for incoming/outgoing video calls. Is that possible at your agency? Yes ___ No ___

Did you test and evaluate all of the following videophone models? MVP ___ OjO ___ Z-150 ___ VPAD+ ___
If yes, please share your analysis of the evaluation and justification for the model selection.

Agency IT Point of Contact Name: _____ Signature: _____

Phone Number: _____ Email: _____

Supervisor or Disability Program Manager Name: _____ Signature: _____

Phone Number: _____ Email: _____

Please fax the completed form to Jeffrey Dallos at 703-697-5851. If you have any questions, please email jeffrey.a.dallos.civ@mail.mil.

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