

Offender ADA Accommodation Request Form

INSTITUTIONAL STAFF USE ONLY	
OFFENDER NAME _____	OFFENDER NUMBER _____
INSTITUTION _____	ADA REQUEST NUMBER _____
DATE COMPLETED FORM RECEIVED FROM OFFENDER ____/____/____ BY _____	
DATE RESPONSE RETURNED ____/____/____ BY _____	

THIS FORM MUST BE COMPLETED IN INK. YOU MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR ALLEGED ADA CONCERN TO INCLUDE THE EXACT REASONABLE ACCOMMODATION REQUESTED.

Please describe the alleged denial of services, activities, programs or benefits and your reason(s) for concluding that the conduct was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting data, if available.

ACCOMMODATION REQUESTED:

Offender Signature

Date

RECEIPT FOR ADA ACCOMMODATION REQUEST AT COUNSELOR'S/FACILITY ADA COORDINATOR LEVEL

OFFENDER'S NAME _____

GDC I.D. #: _____

I ACKNOWLEDGE RECEIPT OF THE ADA ACCOMMODATION FORM FROM THE ABOVE OFFENDER.

DATE: ____/____/____ COUNSELOR'S/STAFF MEMBER'S/FACILITY ADA COORDINATOR'S SIGNATURE _____

Retention Schedule: Upon completion, the original of this attachment shall be placed in the offender's institutional file and retained according to the official retention schedule for this file. A copy of this attachment shall be placed in the medical file and mental health file, as necessary, and retained according to the official retention schedule for that file. A copy of this attachment shall also be maintained in the Facility ADA Coordinator's and Agency's ADA Coordinator's offices for four (4) years following the final decision of the request.