

REASONABLE ACCOMMODATION REQUEST

CDCR 1824 (rev:)

INSTITUTION (staff use only):

EC?
Y / N

LOG NUMBER (staff use only):

***** TALK TO STAFF IF YOU HAVE AN EMERGENCY *****

Date Received by Staff (staff use only):

Do not use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC.

INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING
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INSTRUCTIONS

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service, or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM: _____

WHY CAN'T YOU DO IT: _____

WHAT DO YOU NEED: _____

(use the back of this form if you need more space)

DO YOU HAVE ANY DOCUMENTS THAT DESCRIBE YOUR DISABILITY?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
(List and attach documents if available, including: 1845, 7410, 128-C): _____			

I understand staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

DATE SIGNED

Assistance completing this form provided by: _____
Last Name

First Name

Signature