Disability Request for Accommodations

Inmate's Name/*Nombre*: _____ PFN/*# de PFN*: _____

Module/*Modulo*: _____ Date/*Fecha*: _____

Section A: **Inmate Request for Accommodation (Describe Disability)**
Solicitud del Preso para acomodar una invalidez (Describa la Invalidez)

Section B: **Reason for Accommodation Requested**
Razon Para Acomodar la Invalidez

Section C: **Reason for Accommodation not being granted**
Razon por Negar la Solicitud

Inmate's Signature/*Firma del Preso*: _____

Officer's Signature: _____
Name & ID#

Sergeant's Signature: _____
Name & ID#

Medical Staff's Signature: _____

Distribution: White -- Medical Staff   Yellow -- Classification   Pink -- ADA Coordinator

Policy Procedure 1.14
Attachment 3
Revised 6/17   DD538