ADA COORDINATOR REVIEW FORM

Inmates Name: _____ PFN: _____

Housing Location: _____ Date: _____

Section A: Reason for Initiation of Form

- ☐ Accomodation Denied
- ☐ Safety & Security
- ☐ Grievance Filed
- ☐ Financial/Administrative Review
- ☐ Alternate Accommodation Proposed

Section B: Categories of Disability

- ☐ Vision Impaired
- ☐ Mobility Impaired
- ☐ Speech Impaired
- ☐ Hearing Impaired
- ☐ Other

Section C: Division ADA Coordinator Comments

ADA Coordinator's Signature: _____ Date: _____
Name & ID#

ADA Division Representative's Signature: _____ Date: _____
Name & ID#

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

DD 539

Policy Procedure 1.14
Attachment 4
Revised 6/17