



Adult in Custody (AIC) Accessibility Request Form

If you need assistance filling out this form, please contact your institution ADA Coordinator.

ADULT IN CUSTODY INFORMATION - PLEASE PRINT:

Name:		SID#:	
Institution:		Cell:	Date:

Requesting ASL for the following program, service, or activity: _____

Approved for a hearing aid by Health Services Provider: _____

DESCRIBE YOUR ACCESSIBILITY REQUEST: Do not leave this section blank. This section must describe what program, service, or activity you need help with. How are you prevented from accessing it? How would your request help you access the program, service, or activity? This form is not intended to be used for medical requests, including requests for **health care equipment, medical restrictions, or medical treatment.** Please contact Health Services for those types of requests.

Please understand making an accessibility request does not automatically guarantee the accessibility request will be granted. Each request is subject to:

- 1. Verification by the Health Services Provider; and**
- 2. A Safety and Security Review.**

I understand that the Institution and Statewide ADA Coordinator may need to obtain and review protected medical or mental health, academic, housing, assignment, or programming records to investigate and review my request. I agree to fully participate and cooperate in this process and understand that additional information may be required in order to process this request. Failure to sign this form may result in denial of this request.



Adult in Custody (AIC) Accessibility Request Form

If you need assistance filling out this form, please contact your institution ADA Coordinator.

Adult in Custody Signature: _____

Date: _____

ADA Coordinator Notes:

- Approved
- Approved but with the following modification:

- Referred to Statewide Coordinator
- Referred to Medical and Statewide ADA Coordinator
- Referred to BHS and Statewide ADA Coordinator

Institution ADA Coordinator:

Name _____



Adult in Custody (AIC) Accessibility Request Form

If you need assistance filling out this form, please contact your institution ADA Coordinator.

Signature _____ Date: _____