

FLORIDA DEPARTMENT OF CORRECTIONS
REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
FOR INMATES

Request Form to Access the Department's Services, Programs or Activities

This form is to request a specific reasonable modification or accommodation which would enable participation in a service, activity or program offered by the Department if otherwise qualified/eligible to participate.

This form is **NOT** for Health Service related requests, i.e., health care appliances, passes or any type of medical care. These issues must be directed to the medical department in accordance with Chapter 33-103, F.A.C.

Last Name, First Name

Inmate Name (Print)

DC#

Institution and Housing

Check the applicable area that applies to **this request**: Service Program Activity

Check the type of **limited major life activity** that applies to **this request**:

Mobility Seeing Hearing

Other _____

Reason for accommodation request? _____

What specific modification or accommodation is requested? _____

Inmate Signature

Date Signed

Staff Signature (to Acknowledge Verbal Request Only)

INSTITUTIONAL DISPOSITION

Approved Denied Modified Returned Without Action (Non-ADA Issue)

Basis of Decision: _____

Disposition Rendered by (Signature)

Disposition Date

Anticipated Date of Accommodation

Complete this form and place in the locked box designated for grievances or place in a sealed envelope addressed to the Institutional ADA Coordinator, marking the envelope "Confidential" and placing the envelope in the box for outgoing mail.

Within ten (10) business days of receipt, the Institutional ADA Coordinator will review and provide disposition for the accommodation request and return the completed DC2-530A to you. If you are not satisfied with the decision you may obtain further administrative review of the decision by submitting "Request for Administrative Remedy or Appeal", DC1-303, in accordance with Chapter 33.103 F.A.C., within fifteen (15) days of receiving the disposition.