ACCOMMODATION STATUS REPORT

PURPOSE – ADA Reasonable Accommodation for access to Program, Services, or Activity
☐ For permanent disability/medical condition

Accommodation Requested

☐ CC TV (captioning) ☐ Reading Lamp
☐ TTY or Video Phone Access ☐ Magnifier – Type: ______________________
☐ Sign Language Interpreting Services ☐ Talking Books from WTBBL*
☐ Vibrating Alarm Clock or Vibrating Watch ☐ Digital Tape Player from WTBBL*
☐ Pager ☐ Gloves for use with cane or wheelchair
☐ Paper Store ☐ Access Assistant
☐ FM System for class room/meetings ☐ Elevator Access
☐ White Cane/Mobility Training ☐ Extra Time for Showering
☐ Screen Reader/Software ☐ Grab Bars in Cell
☐ Talking Watch ☐ Video Relay Service (VRS)
☐ Assistance Reading Documents ☐ IPIN for KIOSK
☐ Cassette Recorder, Cassettes
☐ Other (explain in Comments) *WTBBL = Washington Talking Book/Braille Library

Comments (Note: Comments are required for any accommodation not approved)

The following accommodation(s) are approved:

The following accommodation(s) are not approved:

Comments:

Expiration date:

ADA Coordinator who is making the submission Date

Captain/Senior Custody Officer Recommendation

☐ Approve ☐ Not approve – Reason:

Printed Name and Signature Date

☐ Approved ☐ Not approved by Accommodation Review Committee on _________________

DISTRIBUTION: Original – Health Record Copy – ADA Coordinator, Counselor/CUS, Individual

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State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

DOC 13-508 (11/24/2021)   DOC 440.020   DOC 450.100   DOC 590.320   DOC 690.400   DOC 700.000   CORRESPONDENCE: Status Reports