Department of Corrections
WASHINGTON STATE

PATIENT I.D. DATA:

(name, DOC #, birthdate)

Housing Unit:

ACCOMMODATION REVIEW COMMITTEE – DECISION NOTIFICATION

DATE

Accommodation request for _____

was reviewed by the Accommodation Review Committee on _____ and

☐ Approved – See Comments.

☐ Not approved – See Comments.

☐ Deferred at this time – See Comments.

Comments:

If you do not agree with the ARC decision, you have the right to appeal the decision within **10 days** using DOC 13-584 Patient Appeal of Accommodation Review Committee Decision.

PLEASE CONTACT YOUR FACILITY ADA COORDINATOR IF YOU HAVE ANY QUESTIONS

ADA COORDINATOR SIGNATURE	DATE

Distribution: **ORIGINAL** – Individual **COPY** – ADA Coordinator, Health Record