ACCOMMODATION REVIEW COMMITTEE – OFFENDER NOTIFICATION

DATE

Accommodation request for ________________________________ was reviewed by the Accommodation Review Committee on __________________________ and was:

☐ Approved – See Comments.

☐ Not approved – See Comments.

☐ Deferred at this time – See Comments.

Comments:

PLEASE CONTACT YOUR FACILITY ADA COORDINATOR IF YOU HAVE ANY QUESTIONS

ADA COORDINATOR SIGNATURE

DATE

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

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.