



PATIENT I.D. DATA:
(name, DOC #, birthdate)

Housing Unit:

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
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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.