

**REVIEW OF INCARCERATED PERSON’S/RESIDENT’S REQUEST FOR MODIFICATION**

<b>Incarcerated Person’s/Resident’s Name:</b>	<b>OID:</b>
<b>Facility:</b>	

The above-named individual has requested the following accommodations, modifications, or auxiliary aids or services (describe):

(see also the attached Incarcerated Person/Resident Request for Modification form)

Please provide input on the requested accommodations, modifications, auxiliary aids, or services, and/or approved alternatives:

**Decision:**

<input type="checkbox"/> Requested accommodation(s)/modification(s) approved.
<input type="checkbox"/> Alternative accommodation(s)/modification(s) approved.  <i>Describe:</i>
<input type="checkbox"/> Requested accommodation(s)/modification(s) denied.  <i>Explanation of reasons for denial:</i>

Incarcerated Person will be referred to the following for potential of disability and/or disability-related diagnostic testing:

- Health Services
- Behavioral Health Services
- Physical Therapy
- Other. Explain:

\_\_\_\_\_  
Reviewer Signature/Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer's Department/Unit

Copies (including copy of Request for Modification form): COMS and requestor

If you are not satisfied with the response from the Facility ADA Committee to your *Request for Modification*, you may appeal the decision to the DOC's ADA Compliance Coordinator at Central Office. You must appeal the result of your *Request for Modification* within thirty (30) days of receiving the Facility ADA Committee's response. If more than thirty (30) days have passed since you received the response, you may resubmit your request for consideration, or submit a request for new or different modifications. If you choose to appeal, the DOC's ADA Compliance Coordinator will respond to your appeal within fifteen (15) working days of receiving it.

### **How to To Appeal the Decision of the Facility ADA committee**

Submit the following by U.S. mail to the DOC's ADA Compliance Coordinator at Central Office:

1. A completed *Appeal of ADA Decision* form;
2. Your *Request for Modification*; and
3. The *Review of Request for Modification* form showing the decision(s) you wish to appeal.

The ADA Compliance Coordinator will review your appeal papers and may (1) approve your original request, (2) approve reevaluation of your disability or condition, which may include new or updated medical or behavioral health testing, or (3) deny your appeal which means the decision of the Facility ADA Committee will remain in place. If new or updated medical or mental health testing is necessary, you will be referred for such testing. If you are approved for reevaluation of your disability or condition, you must participate in the reevaluation, or your appeal will be closed.

The decision of the ADA Compliance Coordinator is final and cannot be grieved.