## FLORIDA DEPARTMENT OF CORRECTIONS REASONABLE MODIFICATION OR ACCOMMODATION REQUEST FOR INMATES

## Request Form to Access the Department's Services, Programs or Activities

This form is to request a specific reasonable modification or accommodation which would enable participation in a service, activity or program offered by the Department if otherwise qualified/eligible to participate.

This form is $\underline{NOT}$ for Health Service related requests, i.e., directed to the medical department in accordance with Cha		s or any type of medical care. These issues must be
Last Name, First Name_		
Inmate Name (Print)	DC#	Institution and Housing
Check the applicable area that applies to this req	uest: Service	Program Activity
Check the type of <b>ADA issue</b> that applies to <b>this</b> Accessibility Equipment Assistance		Modification of Program/Job Assignment
Check the type of <b>limited major life activity</b> tha Mobility Seeing Hearing Speech		
Other		
Reason for accommodation request?		
Inmate Signature		Date Signed
INSTITUT	TIONAL DISPOSI	TION
Approved Denied Modified/Partially Approve	ed Returned Withou	t Action (Non-ADA Issue)
Basis of Decision:		
Disposition Rendered by (Signature)	Disposition Date	Anticipated Date of Accommodation

Complete this form and place in the locked box designated for grievances or place in a sealed envelope addressed to the Institutional Intake Officer, marking the envelope "Confidential" and placing the envelope in the box for outgoing mail.

Within ten (10) business days of receipt, the Institutional Intake Officer will review and provide disposition for the accommodation request and return the completed DC2-530A to you. If you are not satisfied with the decision you may obtain further administrative review of the decision by submitting "Request for Administrative Remedy or Appeal", DC1-303, in accordance with Chapter 33.103 F.A.C., within fifteen (15) days of receiving the disposition.