



North Carolina Department of Public Safety

Division of Adult Correction/Prisons

OFFENDER REASONABLE ACCOMMODATION REQUEST (ORAR) FORM

I request reasonable accommodation due to my impairment. I understand that this is only a request, which will begin the inquiry into whether or not I am entitled to receive a reasonable accommodation. I also understand that my housing may not be immediately affected while my request is under consideration. I will be within my rights to file a grievance through the offender grievance process should I not agree with the determination made regarding this request for reasonable accommodation.

Note: Appropriate Division of Adult Corrections staff may assist an offender in completing this form.

I am/have *(State Impairment)*

I am unable to *(Describe Limitation or Disability)*

Accommodation Requested:

A request for an accommodation may be denied if the Prisons Section cannot adequately evaluate the request without reviewing OR without access to health information relevant to the accommodation you may be seeking. Your health information is private and cannot be revealed to without your permission. Do you wish to provide a waiver that allows to obtain health information from Prison Health Services or any other health care personnel, private physician or clinic, for the purpose of evaluating your accommodation request? You may revoke your waiver at any time by providing written notice of the revocation.

I **do** wish to give access to my health information for the limited purpose of having DAC evaluate my request for an accommodation.

I **do** wish to give access to my health information for the limited purpose of having DAC evaluate my request for an accommodation.

Offender's Signature:

Date:

Staff Accepting/Assisting with Completion of this Application must forward this form to the Facility ADA Coordinator for a determination.

Staff Name/ Rank/Title (Print):

Staff Signature:

Date:

Original to Facility ADA Coordinator; Copy to Offender

Offender Name _____

Offender # _____

Unit # _____



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OFFENDER REASONABLE ACCOMMODATION REQUEST DETERMINATION FORM

Facility or Division ADA Coordinator Determination:

Approved Denied Modified

Initials: _____ Date: _____

Specific accommodation provided:

Explanation of modification or denial (if applicable):

**An offender has the right to file a grievance through the offender grievance process should he/she not agree with the determination made regarding a request for reasonable accommodation.*

Explanation of delay, if any:

Facility ADA Coordinator's Signature:

Date:

Offender's Signature:

Date:

Division ADA Coordinator's Signature:

Date:

Served upon offender by:

Staff Name/ Rank/Title (Print):

Staff Signature

Date Served: _____

Completed/Signed Original to Offender Health Record.
Copies: Offender, Facility DIB CM, Facility ADA Coordinator, & Division ADA

Offender Name _____

Offender # _____

Unit # _____