Alaska Department of Corrections

ADA Accommodation Request For Prisoners

To be eligible for an accommodation under the Americans with Disabilities Act of 1990 (ADA), you must have a qualifying disability that limits a major life function.

You will need to discuss your request for accommodation with the DOC Institutional ADA Coordinator (grievance coordinator). If you have questions or need information about the ADA, please also contact the DOC Institutional ADA Coordinator.

**Prisoner Information:**

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<th>Institution:</th>
<th>DOC Institutional ADA Coordinator:</th>
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1. Describe your disability and how it limits one or more major life functions, to include any activities of daily living.

2. Describe any mitigating measures (medication, assistive technologies such as wheelchairs, etc.) you are using because of the disability, and the effect of those measures on the disability.

3. Describe how the disability limits your ability to participate in programs or services at the institution. Identify the programs or services affected, and be specific about how the disability impairs your ability in each instance.
4. Describe the accommodation you are requesting.

5. Explain how the accommodations you are requesting will enable you to participate in programs and/or services. Be specific.

6. Will you be able to participate in programs or services if you receive the requested accommodation?

7. Do you need assistance to identify accommodations that will enable you to participate in programs/services? If you do, explain what type of assistance you need.

8. Provide any information or suggestion you can on how the requested accommodation(s) can be provided. If known, include the names, addresses, and telephone numbers of vendors and the model number and approximate cost of any equipment requested.

___________________________________________
Printed Name

___________________________________________  __________________________
Signature                             Date

Received by:

___________________________________________
DOC Institutional ADA Coordinator Printed Name

___________________________________________  __________________________
Signature                             Date