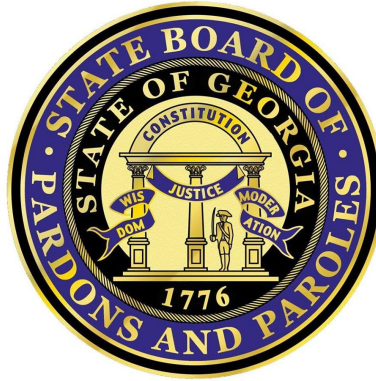


Complete and submit to the Division's ADA Coordinator anytime Auxiliary Aids and Services are requested of PAP so a person can participate in services, programs, or activities offered by PAP.



ADA Accommodation: Request for Auxiliary Aids and Services Form

Date of request: _____

Name of person requiring aids and/or services: _____

Name of associated offender, if different from above: _____

Parole Identification Number (If Applicable): _____

Name(s) of staff member(s) involved in the interaction: _____

Date of proposed interaction: _____

Location of interaction: _____

Type of auxiliary aid or service requested: _____

Approximate time aids and services will be required: _____

Section below to be completed by Division ADA Coordinator

Request for Auxiliary Aids and Services: **Approve** **Deny** **Modify**

***Sign and Date:** _____

If denied or modified, select the applicable reason(s) below:

Complete and submit to the Division's ADA Coordinator anytime Auxiliary Aids and Services are requested of PAP so a person can participate in services, programs, or activities offered by PAP.

- the person seeking accommodation is not an individual with a qualifying disability;
- the requested accommodation is an undue burden on the agency;
- providing the requested accommodation causes a fundamental alteration of the nature of the service, program, or activity;
- equally effective access to a program, service, or activity can be afforded through an alternative method which is less costly or intrusive; or,
- the requested accommodation is ineffective.

List any alternative accommodation provided:

****If denied, signatures of BOC Members denying request must be provided***