

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

DETAINEE DISABILITY ACCOMMODATION NOTIFICATION

INSTRUCTIONS: This form is to be completed by Field Office and/or detention facility personnel

This form is designed to process requests for accommodations and modifications of policies, practices and procedures from and on behalf of detainees with disabilities in order to comply with its obligations under Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, as amended (Section 504). Per the guidance provided in the ERO Directive 11071.1, Assessment and Accommodations for Detainees with Disabilities, the FOD shall take steps to ensure that he or she is notified in writing by facility personnel of any Detainee identified as having a communication or mobility impairment, and any facility denial of a request for an accommodation beyond the provision of medication or medical or mental health care.

Field Office and/or detention facility personnel should complete Parts A-E, as applicable, and submit the completed form to their local Supporting Disability Access Coordinator (SDAC). The SDAC should review and sign the form electronically, if possible, and submit completed forms and any questions to ERO Headquarters at ERO.RA@ice.dhs.gov. Please do not submit non-electronic forms.

Part A: Detainee Information

Last Name:	First Name:
Date of Birth: 01/01/1900	Alien Number: XXXXXXXXX
AOR: PHO	Choose an item. If not listed, type in the facility:

Part B: Notification Type (To be submitted to the Field Office within 72 hours of a completed assessment)

- Notification of Detainee Identified with a Communication or Mobility Impairment. **If yes, proceed to Part C of this form.**
- Notification of Facility Denial of a Requested Accommodation for a Detainee with a Disability. **If yes, proceed to Part D of this form.**

Part C: Communication or Mobility Impairment

1. **Please check all that apply.** Per the Directive, Detainees with communication impairments include Detainees with physical, hearing, visual, and speech impairments (e.g., Detainees who are deaf or hard of hearing, blind, or nonverbal). Detainees with mobility impairments include Detainees with physical impairments who require a wheelchair, crutches, prosthesis, cane, other mobility device, or other assistance.

- Communication Impairment**
 - Speech disability (e.g., speech impairment or non-verbal)
 - Blind
 - Low Vision
 - Deaf
 - Hard of Hearing
 - Resulting from mental illness
 - Cognitive/Developmental
 - Other:
- Mobility Impairment** (Detainee has or requires)
 - Wheelchair
 - Crutch(es)
 - Prosthesis
 - Cane
 - Other Device or Assistance:

Additional relevant information about the impairment(Optional):

2. **The accommodations or modifications requested or required. Please check/list all accommodations and/or modifications requested or required:**

- Auxiliary Aids and Services**
 - Accessible Software
 - Audiotapes
 - Braille Documents
 - Eyeglasses
 - Large Print Documents
 - Hearing Aid
 - Sign Language Interpreter -Type:
 - Note Taker
 - TTY
 - Video Relay Service
 - Detainee will be referred for additional assessment/evaluation
- General**
 - Modification to the Facility's Policy or Procedure
 - Housing Relocation
 - Lower Bunk
 - Accessible Cell
 - Accessible Shower
- Mobility Aids**
 - Cane
 - Crutch(es)
 - Wheelchair
 - Prosthesis
- Other:**
- None Requested**

Additional Information About the Requested Accommodation or Modification:

3. **The facility's approved accommodation plan to provide equal opportunity to participate in or benefit from all aspects of facility programs, services and activities as well as effective communications (internally and externally):**

Part D: Denial of a Disability Accommodation or Modification

1. **Please check all that apply.** Per the Directive, the Field Office Director (FOD) should be notified of all decisions to deny a Detainee's request for an accommodation beyond the provision of medication or medical or mental health care, unless the Detainee is provided an equally effective alternative accommodation.

Communication Impairment

- Speech disability (e.g., non-verbal)
- Blind
- Low Vision
- Deaf
- Hard of Hearing
- Resulting from mental illness
- Cognitive/Developmental
- Other:

Mobility Impairment- Detainee has or requires:

- Wheelchair
- Crutch(es)
- Prosthesis
- Cane
- Other Device or Assistance:

Intellectual or Cognitive Impairment

Dental

Other :

2. **The accommodations or modifications requested by the Detainee and denied. Please check/list all accommodations and/or modifications requested:**

Auxiliary Aids and Services

- Accessible Software
- Audiotapes
- Braille Documents
- Eyeglasses
- Large Print Documents
- Hearing Aid
- Sign Language Interpreter - Type:
- Note taker
- TTY
- Video Relay Service
- Detainee will be referred for additional assessment/evaluation

General

- Modification to the Facility's Policy or Procedure
- Housing Relocation
- Lower Bunk
- Accessible Cell
- Accessible Shower

Mobility Aids

- Cane
- Crutch(es)
- Wheelchair
- Prosthesis

Other:

None Requested

Additional Information About the Requested Accommodation or Modification:

3. **Check all the reasons for the denial and include any relevant supporting or additional information:**

- No accommodation or modification was required for the detainee to access the facility's programs or activities.
- There is no relationship ("nexus") between the detainee's disability and the requested accommodation or modification.
- Accommodation requested would fundamentally alter the nature of the program, service or activity.
- Accommodation requested would result in an undue financial and administrative burden.
- Other:

Additional Information about the Reasons for the Denial:

4. **Any steps the facility has taken to address the detainee's needs:**

Part E: Facility and Field Office Submission Information

1. **Facility Administrator or Designee**

Name of facility staff member completing form (if applicable): Name of Facility Staff

Title of facility staff member completing form (if applicable): Title of Facility Staff

Date submitted: 01/01/1900

2. **ERO Field Office**

Name of ERO Field Office official completing form (if applicable): Name of Field Office Staff

Title of ERO Field Office official completing form (if applicable): Title of Field Office Staff

Date submitted: 01/01/1900

Additional Information (action(s) taken, recommendations, comments):