

NEW JERSEY DEPARTMENT OF CORRECTIONS
AMERICANS WITH DISABILITIES ACT
GENERAL GUIDELINES AND
VISITOR ACCOMMODATION REQUEST FORM

General Guidelines for Processing Visitors with Disabilities

The following are general guidelines for the processing of visitors with disabilities. For further information, refer to facility specific Level III disabled visitor procedures.

Every reasonable effort shall be made to accommodate disabled visitors in order for such visitors to participate in regular contact/window visitor programs. All reasonable care and precautions shall be taken to preserve and satisfy the security needs of the NJDOC correctional facilities.

All disabled visitors will be subject to the search, visitor and registration policy and procedures at each facility. Due care will be taken to ensure that disabled visitors are searched in the most efficient and respectful manner considering safety and security. Any visitor to a facility will be refused entry if security or safety is threatened.

The NJDOC will make every reasonable effort to accommodate the special needs of any visitor with a documented disability. Due to the essential security concerns present at the institutions, it is required, prior to arrival, that those visitors needing accommodation due to a disability inform the institution's staff that they will need a special accommodation. The NJDOC also requires that if reasonable accommodation is required, the visitor must bring medical documentation establishing their disability and their specific need(s), i.e. medications, service animal, etc and complete the Visitor Accommodation Request Form.

Any visitor who utilizes or intends to utilize a restricted parking space for persons with disabilities is required to register with the facility prior to their arrival. Visitors must complete the NJDOC Restricted Parking Form. Visitors must also present a valid "Disabled Person Identification Car" issued by the NJ Motor Vehicle Commission or other documentation to demonstrate that the restricted parking placard or license plate is registered to the visitor and is for his/her use only. If the placard is temporary, the visitor must inform the facility when the placard is no longer medically required. Any visitor parking in a restricted parking space for people with disabilities without a legal placard or license plate can be subjected to referral to local law enforcement.

NJDOC employees are not permitted to physically lift a disabled visitor. Visitors who require aid or assistance of another person must have that person registered in accordance with the visitor policy of the particular institution.

NOTE: Any accommodation that defeats security is not a reasonable accommodation. If any visitor refuses any reasonable accommodation offered by the NJDOC, a report shall be prepared and filed with the institution's ADA liaison. The report must state the reason the person refused the accommodation and the outcome.

Visitor Accommodation Request Form

This form must be completed by visitors requesting a reasonable accommodation in accordance with New Jersey State Law and the Americans with Disabilities Act, a

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Federal law. Visitors should submit the completed form to the facility ADA Liaison. (For all questions, attach additional pages or material, if necessary.)

1. Name: _____
2. Date of Request _____
3. Mailing Address: _____
4. Daytime Telephone No.: _____
5. Inmate visiting/Relationship: _____
6. Facility: _____

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation. The information you provide will be treated confidentially and will be disclosed only on a need-to-know basis.

- A. What are the limitations caused by your condition(s) that you are currently experiencing? If you already have written verification and/or a medical certification of these limitations from your caregiver or physician, please attach a copy with this request form. If you do not already have such verification, provide us with the name and contact information of your caregiver (s) / physician(s). NJDOC will follow up to verify the limitations if necessary.

- B. Given your limitations, what is the issue that needs to be addressed when visiting the facility?

- C. In order to provide an effective accommodation, tell us what you are requesting to change to make it possible for you to visit the facility?

Visitor's Signature

Date

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(Your signature authorizes that you hereby grant the New Jersey DOC to proceed with a review/investigation of your request for an accommodation including contacting, as deemed necessary, the caregiver(s)/physician(s) listed above regarding your medical condition

Request Received _____
(Date) ADA Liaison's Print Name and Signature _____

Actions/Comments: _____ Date _____

Reasonable accommodation: Offered _____ Not offered _____

If not offered, reasons:

If offered, the accommodation was: Rejected _____ Accepted _____

Signature of Visitor

Date of Signature

Signature of ADA Liaison

Date of Signature

Date final decision forwarded to ADA Coordinator _____