



Massachusetts  
Department Of Correction  
**POLICY**

Effective Date	11/10/2020	Responsible Division Deputy Commissioner, Career and Professional Development
Annual Review Date	11/10/2020	

Policy Name  103 DOC 206 ACCESS TO THE AMERICANS WITH DISABILITIES ACT REQUEST FOR A REASONABLE ACCOMMODATION AND SELF-IDENTIFICATION OF DISABILITY FOR EMPLOYEES, JOB APPLICANTS, CONTRACTORS AND VENDORS	M.G.L. Reference: Title VI and Title VII of the Civil Rights Act of 1964; M.G.L. c. 151 B, the Civil Rights Act of 1992; Section 504 of the Rehabilitation Act of 1973; The Americans with Disabilities Act of 1990; The ADA Amendment Act of 2008. DOC Policy Reference: ACA/PREA Standards: 2-CO-2B-04
--	--

Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inmate Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Applicability: All Department Employees, Job Applicants, Contractors and Vendors
--	---	---

Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location: Department’s Central Policy File Each Institution’s Policy File Department’s Personnel Policy Manual Deputy Commissioner’s Policy File Office of Diversity’s Policy File
--	---

**PURPOSE:**  
To establish Department of Correction (“Department”) policy guidelines concerning the coordination of processing Americans with Disabilities Act (“ADA”) Requests for Reasonable Accommodations and Self-Certifications as a Person with a Disability for employees, job applicants, contractors and vendors. These guidelines will be utilized to further implement federal and state laws and Massachusetts Executive Order 526.

**RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:**  
Deputy Commissioner for Career and Professional Development  
Director, Office of Diversity and Equal Opportunity  
Superintendents  
Division/Department Heads  
Director for Volunteer Services

**CANCELLATION:**  
103 DOC 206 cancels all previous Department policies, statements, bulletins, directives, orders, notices, rules and regulations regarding the processing of ADA Requests for Reasonable Accommodations and Self-Certifications as a Person with a Disability for employees, job applicants, contractors and vendors that are inconsistent with this policy.

**SEVERABILITY CLAUSE:**  
If any part of 103 DOC 206 is, for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.

## TABLE OF CONTENTS

206.01	General Policy	3
206.02	Definitions	3
206.03	Requirements for a Reasonable Accommodation in Employment	7
206.04	Types of Accommodations	7
206.05	Reasonable Accommodation Requests	7
206.06	Requirements for Denial of an Accommodation	8
206.07	Self-Identification of a Disability	8
206.08	Disability Qualification Requirements	9
206.09	Initial Request for Reasonable Accommodation	9
206.10	Institutional Access for Disabled Persons	10

## ATTACHMENTS

Appendix I	Commissioner's Memo	11
	Self-Identification of Disability Form	12
Appendix II	ADA Request Forms	14
	ADA Medical Release Form	15

## 206.01

### **General Policy**

This policy is intended to implement, coordinate and monitor ADA accommodations and requests for reasonable accommodations. State agencies are required to make a reasonable accommodation when requested by a qualified job/volunteer applicant, employee, contractor or vendor with a disability in order to assist him/her with his/her ability to perform the essential functions of his/her position, unless the accommodation would impose an undue hardship as defined in section 206.05 of this policy.

The Department is committed to maintaining a work environment that is free from illegal discriminatory behavior with regard to both hiring and the terms and conditions for employment, including, but not limited to, promotions, terminations, transfers, job assignments and discipline, including behavior which creates a hostile, offensive, humiliating or intimidating work environment and sexual harassment, as defined by the state and federal anti-discrimination and sexual harassment laws. The Department will not tolerate and will take appropriate steps to prevent and eliminate illegal discrimination or harassment of any type, including any retaliatory behavior.

Accordingly, as part of the departmental Affirmative Action Plan, it is the Department's intent to ensure that all qualified job/volunteer applicants, employees, contractors and/or vendors are aware of the existence and importance of non-discrimination and equal opportunity in all aspects of state employment, programs, services and activities.

## 206.02

### **Definitions**

Each of the following terms shall have the assigned meaning for the purposes of implementing this policy:

**Accessibility**: Elimination of barriers; environmental, physical, communication, procedural or emotional, which can prevent an individual with a disability from equal opportunity.

**Affirmative Action ("AA")**: A policy or program that seeks to redress past discrimination by increasing opportunities for under-represented groups. For example, in the area of employment, affirmative action is accomplished by taking specific steps to identify, recruit, hire and/or develop for advancement, persons who are identified as part of a specific protected class.

**Americans with Disabilities Act ("ADA")**: A common name for the federal civil rights law, 42 U.S.C. §12,101 *et seq.*, that is designed to prevent discrimination and enable individuals with disabilities to participate fully in all aspects of society, including employment, programs, activities, transportation, state and local government services and telecommunications.

**ADA/504 Coordinator**: The responsible individual designated by an agency and responsible head for coordinating its efforts to comply with and carry out agency responsibilities under the ADA, including investigation of any complaint communicated to the agency and alleging

noncompliance with this policy or alleging any actions that would be prohibited under this law.

Civil Rights: Rights belonging to an individual by virtue of citizenship, especially the fundamental freedoms and privileges guaranteed by law, including civil liberties, due process and freedom from discrimination.

Disability: (a) A physical or mental impairment, which substantially limits one or more major life activities; (b) a record of such impairment; or (c) being regarded as having such impairment. Unless specifically stated to the contrary, disability in this policy shall be synonymous with the term “handicap” as used in M.G.L. c. 151B, §1 (16), (17) and its implementing regulations as set forth in 804 C.M.R. §3.01 (5).

Discrimination Rights: All rights assured under M.G.L. c. 151B that prohibit discrimination on the basis of age, criminal records (inquiries only), disability, gender, genetics, military status, national origin, religion, race, color, sexual orientation, ancestry, retaliation, or for failure to make reasonable accommodation for a person's disability.

Diversity: A policy or program that values differences among the Commonwealth’s employees and all those with whom it does business. These differences include, but are not limited to, race, gender, gender identity or expression, color, national origin and ancestry, religion, age, mental and physical disabilities, sexual orientation, veteran’s status, organizational level, economic status, geographical origin, marital status, communication and learning styles and the other characteristics and traits. The goal of this policy is to develop an inclusive environment that capitalizes on each individual’s talents, skills and perspectives in order to increase organizational productivity and effectiveness.

Equal Opportunity: An organization’s efforts to ensure that all personnel, service, programs, policies and practices will be formulated and conducted in a manner that provides equal access to all employees, job applicants, contractors and vendors.

Essential Functions of the Job: Those functions that must necessarily be performed by an employee in order to accomplish the principal objectives of the job. Put another way, the "essential functions" are those that are not incidental or tangential to the job in question. Several considerations bear on whether particular job functions are or are not essential:

- A. First, functions that are identified as part of a job but which are in fact rarely or never performed will not likely be considered essential.
- B. Second, in determining whether a job function is essential, the Equal Employment Opportunity (“EEO”) Commission will ask whether removing a given function from the job would fundamentally change the nature of the job in question. Thus, for example, while a firefighter may only be called upon to withstand the intense heat of flames on very rare occasions, removing this function from his/her job would fundamentally change the nature of the job.

- C. Other considerations may also be taken into account in determining whether or not certain functions are essential to the job. Consideration shall be given to the employer's judgment as to what functions of a job are essential, and if an employer has prepared a timely written job description, this description shall be considered evidence of the essential functions of the job, but will not be binding.
- D. Additional considerations bearing on whether a function is essential include the amount of time spent on the job performing the function, the terms of a collective bargaining agreement, the work experience of past incumbents in the job, and the current work experience of incumbents in similar jobs.

Impairment: A physiological disorder affecting one or more of a number of body systems, or a mental or psychological disorder. The following conditions, for example, are not impairments: environmental, cultural and economic disadvantages; homosexuality, bisexuality and other sexual orientation; normal pregnancy; personality traits that are not caused by mental or psychological disorders; normal deviations in height, weight or strength; the current, illegal use of a controlled substance or the non-dependent use of alcohol. Individuals with illnesses, such as hepatitis, tuberculosis or AIDS, may be considered to have a disability.

Major Life Activities: (1) In general, Major Life Activities include, but are not limited to: (i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others and working and (ii) The operation of a major bodily function, including functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system. (2) In determining other examples of major life activities, the term "major" shall not be interpreted strictly to create a demanding standard for disability.

Massachusetts Commission Against Discrimination ("MCAD"): The state agency created by M.G.L. c.6, §56, responsible for enforcing the Commonwealth's laws against discrimination in employment, housing, public accommodations, education and credit. In addition to receiving, investigating and deciding complaints of discrimination, the Commission is charged by statute to make recommendations to agencies and officers of the Commonwealth or its political subdivisions in aid of its policies and the purposes of the anti-discrimination law and to obtain, upon request, and utilize the services of all executive departments and agencies.

Massachusetts Office on Disability ("MOD"): The state agency created by M.G.L. c. 6, § 185 *et seq.* It is responsible for overseeing compliance by the Commonwealth with the ADA, Section 504 of the Rehabilitation Act of 1973, M.G.L. c. 151B and other disability related laws and regulations. Among other responsibilities, the MOD provides technical assistance to state agencies and their appointing authorities and monitors compliance with the

nondiscrimination aspect of Executive Order 526 for state compliance with all state and federal disability related laws and regulations.

Mitigating Measures: The existence of impairment is determined without regard to whether its effect can be mitigated by measures such as medication, auxiliary aids or prosthetic devices. Examples of mitigating measures include but are not limited to:

- i. Medication, medical supplies, equipment, or appliances, low-vision devices (defined as devices that magnify, enhance or otherwise augment a visual image, but not including ordinary eyeglasses or contact lenses); prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s) or other implantable hearing devices; mobility devices; and oxygen therapy equipment and supplies;
- ii. Use of assistive technology;
- iii. Reasonable accommodations or “auxiliary aids or services” (as defined by 42 U.S.C. 12103(1));
- iv. Learned behavioral or adaptive neurological modifications; or
- v. Psychotherapy, behavioral therapy, or physical therapy.

Office of Diversity and Equal Opportunity (“ODEO”): The Commonwealth’s ODEO, formerly the State Office of Affirmative Action, was established by Executive Order 227 and continues its existence through Executive Order 526 to ensure the Commonwealth’s compliance with State and Federal Affirmative Action laws, regulations and executive orders.

The DOC Office of Diversity and Equal Opportunity is the department’s division charged with ensuring compliance with Executive Order 526 and the State and Federal Affirmative Action laws, regulations and executive orders and located at 50 Maple Street, Milford, MA 01757.

Person with Disability: Any person who (a) has a physical or mental impairment which substantially limits one or more major life activities; (b) has a record of such impairment or (c) is regarded as having such impairment.

Protected Class: Legally identified groups that are specifically protected against discrimination in Executive Order 526. The term “protected class status” shall include race, color, age, gender, ethnicity, sexual orientation, gender identity or expression, religion, creed, ancestry, national origin, disability and/or veteran’s status.

Qualified Person with a Disability: A person with a disability who can perform the essential functions of a job with or without reasonable accommodation.

Reasonable Accommodation: An adjustment or alteration that enables a person with a disability to apply for jobs, gain access to the work environment, perform job duties or enjoy the benefits and privileges of employment.

Record of Impairment: A person is considered to have a "disability" if he/she has a past record or medical history of a physical or mental impairment that substantially limited one or

more major life activities, even though the impairment may no longer exist. For example, a person who was treated for cancer five years earlier but who has been cancer-free since that time may still be entitled to protection under the law as a “person with a disability.”

Substantially Limits: An impairment is substantially limiting if it prohibits or significantly restricts an individual’s ability to perform a major life activity. The term “substantially limits” is to be construed broadly in favor of expansive coverage, to the maximum extent permitted by the terms of the ADA.

Undue Hardship: Significant difficulty or expense when considering the nature and cost of a reasonable accommodation to an individual’s disability, the overall financial resources of the organization, number and type of employees and institutions and the type of operations of the organization.

### **206.03 Requirements for Reasonable Accommodation in Employment**

The Department is required to make a reasonable accommodation upon request to the known physical and/or mental limitations of a qualified applicant or employee with a disability in order to assist the employee with his/her ability to perform the essential functions of his/her position, unless it can demonstrate that the accommodation would impose an undue hardship.

A reasonable accommodation is an adjustment or alteration that enables a person with a disability to apply for jobs, to gain access to the work environment, to perform job duties, participate in training or to enjoy the benefits and privileges of employment.

### **206.04 Types of Accommodations**

There are many types of accommodations, which include, but are not limited to:

- making job facilities accessible to and equally usable by a person with a disability;
- modifying work schedules;
- obtaining, maintaining or modifying adaptive job equipment or devices;
- modifying the manner in which tests, examinations, selection devices are administered;
- allowing time off for medical reasons;
- allowing leaves of absence;
- providing readers, interpreters for the deaf, drivers or other aides.

### **206.05 Reasonable Accommodation Requests**

Reasonable accommodation policy applies to all employment decisions by the employer, including but not limited to recruitment, hiring, training, promotion, reassignment, lay-off and termination.

Agencies are required to maintain an open dialogue between job applicants and employees and employers about provision of reasonable accommodation. The goal is to accommodate

the needs of qualified individuals with disabilities, while satisfying the legitimate business interests of the agency.

Accommodation Request Forms can be found on the Department's Office of Diversity's Intranet page. An individual can call the Department's Office of Diversity and information about the application process will be provided. In addition, forms can be faxed or sent in the mail.

The Department's ADA/504 Coordinator, who is the Director for the Department's Office of Diversity, will process all formal reasonable accommodation requests within twenty (20) working days of the date the request is received, except in situations when the requester may need an earlier accommodation to meet vital health or safety needs. All accommodation requests must include an original doctor's letter and the Medical Inquiry Form, signed by the medical professional, which addresses if the employee, applicant or vendor meets the eligibility criteria and how his/her disability impacts his/her ability to perform the essential functions of his/her job.

If an accommodation is requested to assist with the application process or additional time to submit medical documentation is required in order to submit completed application package, then the ADA Coordinator will be allowed consideration for special time required and time will be extended accordingly. Forms should be marked CONFIDENTIAL and mailed or delivered to: ADA Coordinator, Director of the Office of Diversity & Equal Opportunity, 50 Maple Street, Milford, MA 01757.

#### **206.06 Requirements for Denial of an Accommodation**

Reasonable accommodation shall not be denied to any qualified person with a disability unless:

- (A) Undue financial burdens: Agencies should keep in mind that the assets of the Commonwealth as a whole may be considered when determining whether there is a financial burden. A denial of an accommodation based upon financial burden is rare and the ODEO should be consulted before an agency claims this exemption.
- (B) Undue administrative burdens: An accommodation is so complex or inappropriate for the setting in which it would be performed that it is not practical; or
- (C) Fundamental alteration: Cases where the accommodation would fundamentally alter the nature of the job, program, activity or service where the employee is assigned to work.

#### **206.07 Self Identification of a Disability**

In accordance with Executive Order 526, the Order regarding Non-Discrimination, Diversity, Equal Opportunity and Affirmative Action, any employee or job applicant with a disability



may voluntarily self-identify for affirmative action purposes at the local agency level at any time by signing the Statement of Self-identification form and presenting it to the ADA/504 Coordinator at the Department's Office of Diversity. Each employee or job applicant/volunteer applicant, employee, vendor or contractor within the executive branch of state government is invited to indicate whether he/she has a disability, for purposes of receiving the affirmative action benefits of protected status.

This information is intended for use solely in connection with the Commonwealth's affirmative action efforts. It is being requested on a voluntary basis, and refusal to provide it will not subject any employee to any adverse treatment. The information will be kept confidential, not part of the employee's personnel file and used only in accordance with the State Office of Diversity and Equal Opportunity guidelines and any applicable Federal regulations (e.g. 45 C.F.R. Part 84) implementing Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794). The self-identifying individual must submit to the ADA/504 Coordinator at the Department's Office of Diversity this Self-Identification of Disability form.

A self-identification is presumed accurate. An employee who wants to self-identify as a person with a disability will be asked to submit the "Self-Identification of Disability" form to the Department's ADA/504 Coordinator at the Department's Office of Diversity.

#### **206.08 Disability Qualification Requirements**

An employee will qualify for protected status if he/she (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such an impairment or (3) is regarded as having such an impairment. "Major life activities" include, but are not limited to, functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

#### **206.09 Initial Request for Reasonable Accommodation**

The applicant or employee may begin the process of requesting a reasonable accommodation through a verbal request to his/her immediate supervisor or to the ADA/504 Coordinator within the Department's Office of Diversity.

- (A) The supervisor shall immediately refer the request to the agency ADA/504 Coordinator in the Department's Office of Diversity for appropriate action.
- (B) The ADA/504 Coordinator may consult with appropriate individuals in developing a response to the request for reasonable accommodation.
- (C) The ADA/504 Coordinator shall respond to the request for reasonable accommodation in writing within twenty (20) working days. In some cases where the request is so complicated and may require more time to coordinate, this time period may be extended. The original copy of the written response shall be promptly delivered to the requester. The ADA/504 Coordinator shall maintain the copy in a confidential file that is separate from the employee's

personnel file. The ADA/504 Coordinator shall inform only those personnel within the agency who have a need to know of an accommodation, and those personnel shall be given only as much information as is needed for them to perform their duties.

- (D) In the event that the reasonable accommodation request has been denied, the ADA/504 Coordinator shall provide the employee a written response, including a reason for denying the accommodation. The original shall be promptly delivered to the requester. The ADA/504 Coordinator shall maintain one copy in a confidential file that is separate from the employee's personnel file.
- (E) At the time the denial is issued, the requester shall simultaneously be informed in writing of his/her right to appeal. The requester must be specifically informed of the available appeal procedures, which include the following:
  - (1) The Secretariat Appeal of Denial of Reasonable Accommodation Request process
  - (2) The State Office of Diversity and Equal Opportunity Resolution
- (F) This information of appeal rights shall also state the individual's right to consult with and to be represented by an advocate or attorney of his/her choice, including but not limited to, requesting assistance from the Massachusetts Office on Disability.
- (G) The notice shall also advise the individual of his/her right to file a charge of discrimination with the MCAD or the Equal Employment Opportunity Commission.

## **206.10 Institution Access for Disabled Persons**

The Department is required to ensure that its programs are accessible and usable by disabled persons. In so doing, with the 103 DOC 108, Institution Policy on Program/Facility Access for Disabled Persons, the Department will ensure that existing programs in established institutions are accessible and usable by disabled persons unless any request for an accommodation would materially impair the mission of the institution in ensuring the safe and efficient operation of the program, including but not limited to, a safety hazard to the individual or a threat to the safety and security of the correctional staff or institution.

**TO: All Applicants and Employees**  
**FROM: Carol A. Mici, Commissioner**  
**DATE: June 16, 2020**  
**RE: Civil Rights Program**  
**Invitation to Self –Identify as a Person with a Disability**

In accordance with Executive Order 526 – Non-discrimination and equal opportunity shall be the policy of the Executive Branch of the Commonwealth. To that end, employees or applicants for employment within the executive branch of state government are invited to indicate whether s/he has a disability and self-identify as a Person with a Disability for purposes of receiving the affirmative action benefits of protected status. This information is intended for the use solely in connection with the Commonwealth’s Affirmative Action and Equal Employment Opportunity

The Department of Correction recognizes the importance of non-discrimination, diversity and equal opportunity in all aspects of state employment, programs, activities and services. Your participation is being requested on a voluntary basis, and refusal to provide this information will not subject you to any adverse treatment.

If you would like to self-identify as person with a disability, please complete the attached “Confidential Self-Identification of Disability” form and return it to: Carol L. Thomas, Department ADA Coordinator, Office of Diversity and Equal Opportunity, 50 Maple Street, Suite 2, Milford, MA 01757 or call at (508) 422-3690 with any questions. These forms will be processed as expeditiously as practical.

The information you provide will be kept confidential is not part of your personnel file and used only in accordance with the state guidelines and any applicable Federal regulations (e.g. 45 C.F.R. Part 84) implementing Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794. Copies of the Executive Order and other regulations are available through the DOC Office of Diversity and Equal Opportunity.

## DEPARTMENT OF CORRECTION

### SELF-IDENTIFICATION OF DISABILITY FORM

This information is intended for use solely in connection with the Commonwealth's Affirmative Action and Equal Employment Opportunity efforts. It is being requested on a voluntary basis and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and used in accordance with the Office of Diversity and Equal Opportunity guidelines and any applicable Federal regulations (e.g., 45 C.F.R Part 84) implementing Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794). The self-identifying individual must submit to the ADA/504 Coordinator this Self-Identification of Disability Form.

A self-identification is presumed accurate. As a general rule agencies may not ask employees to verify their disability. Verification of disability by a competent medical authority or designated agency will only be required when both of the following criteria are present: (A) The individual's status as a person with a disability is potentially relevant, as a beneficial factor, in connection with a pending employment decision, such as being hired or promoted, or being spared a lay-off; and (B) The individual's status as a person with a disability is not obvious. Where a verification request is made, an employee who had self-identified as a person with a disability may be asked to submit a Confidential Verification of Disability form to the agency ADA/504 Coordinator within thirty (30) working days of the agency's ADA/504 Coordinator's request.

#### DO YOU QUALIFY FOR PROTECTED STATUS?

You will qualify for protected status if you (1) have a physical or mental impairment which substantially limits one or more major life activities, (2) have a record of such an impairment or (3) you are regarded as having such an impairment. "Major Life Activities" include, but are not limited to: (i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others and working; and (ii) the operation of a major bodily function, including functions of the immune system, special sense organs, and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal and reproductive functions. The operation of a major

bodily function includes the operation of an individual organ within a body system.

**PLEASE PRINT:**

Name  Address

I am employed  [Job Title if any] OR I am an applicant for employment

[Department/division/agency] Voluntarily self-identify as a person with a disability, according to the definition given above.

I understand that my protected status is subject to verification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation of receipt by ADA/504 Coordinator

\_\_\_\_\_ Date: \_\_\_\_\_

[Signature of ADA/504 Coordinator]

## Appendix II: Reasonable Accommodation Forms

**TO:** All Employees and Applicants  
**FROM:** Carol A. Mici, Commissioner  
**DATE:** June 16, 2020  
**RE:** Process for Requesting ADA Reasonable Accommodation due to Disability

The State Office of Diversity and Equal Opportunity and the Massachusetts Office on Disability have issued guidelines to all executive branch departments concerning policies and legal rights for persons with disabilities. These guidelines outline the implementation of Executive Order 526 and the American with Disabilities Act (ADA) regulations. Each agency is required to make a reasonable accommodation to the known physical and/or mental limitations of an otherwise qualified applicant or employee with a disability in order to assist the employee with their ability to perform the essential functions of their position.

Accordingly, through the work of the Department of Correction's Office of Diversity such as the Affirmative Action Plan we strive to inform all employees of the existence and importance of non-discrimination, equal access policies and procedures in all aspects of employment, programs, services and activities for people with disabilities. Attached to this memo is a copy of the forms including steps job applicants/employees must follow to request an ADA reasonable accommodation.

The purpose for an ADA reasonable accommodation is to provide employees the opportunity to seek an accommodation regardless whether she/he has self-identified as a person with a disability. Any Department of Correction employee can contact Carol Thomas who is the Department ADA Coordinator for further information at the DOC Office of Diversity and Equal Opportunity located at 50 Maple Street, Milford, MA 01757 or call directly at 508-422-3690.

**Attachment: Formal Written Request for ADA Reasonable Accommodation – Form 526**

**DEPARTMENT OF CORRECTION  
CONFIDENTIAL**

**FORMAL WRITTEN REQUEST FOR REASONABLE ACCOMMODATION**

INSTRUCTIONS: Full assistance shall be provided to any applicant/employee seeking to utilize this formal process of request for reasonable accommodation. The individual requesting shall have the opportunity for a thorough discussion with the ADA/504 Coordinator when these forms are provided.

The purpose of providing reasonable accommodation is to enable a person with a disability to perform the essential functions of the job. Therefore, information is necessary to determine:

- (a) whether the requestor actually requires a reasonable accommodation, and
- (b) the nature and extent of the accommodation, if one is required.

This information will be used only for the purpose of taking voluntary action to overcome the effects of conditions limiting opportunities for persons with disabilities. Although the information is being requested on a VOLUNTARY basis and will be kept CONFIDENTIAL, your failure to provide us with sufficient information necessary for us to make a reasonable accommodation determination may result in a decision that does not adequately address your needs.

**I WISH TO INITIATE A FORMAL REASONABLE ACCOMMODATION REQUEST.**

**NAME:** \_\_\_\_\_ **DATE OF REQUEST:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(STREET) (CITY)

\_\_\_\_\_  
(STATE) (ZIP) (TELEPHONE)

**WORK LOCATION:** \_\_\_\_\_ **POSITION TITLE:** \_\_\_\_\_ **HOW LONG IN YOUR POSITION:** \_\_\_\_\_

**LENGTH OF SERVICE WITHIN THE DOC** \_\_\_\_\_

**WORK TELEPHONE:** \_\_\_\_\_ **WORK E-MAIL:** \_\_\_\_\_

**HOME E-MAIL** \_\_\_\_\_

**ACCOMMODATION REQUESTED** (*See below*):

**LIMITATIONS REQUIRING ACCOMMODATION:**

**POSITION/SERVICE/EXAMINATION FOR WHICH ACCOMMODATION IS REQUESTED:**

TO THE EMPLOYEE/APPLICANT: If you have received these forms without the benefit of explanation or if you have questions regarding this process, please contact the ADA/504 Coordinator at the telephone and/or address found at the bottom of this form.

**FORM 526**

**TYPE OF ACCOMMODATION REQUESTED**

**1. MODIFICATION OF DUTIES/ASSIGNMENTS:** includes, but is not limited to, job modification, job tasks, flexible time to allow for transportation and/or medical schedules, task modifications, reassignment of job tasks, etc.

**2. ACCESS:** includes, but is not limited to, physical accessibility of parking lots, entrances, rest rooms, work stations, cafeterias, elevators, etc.

**3. PURCHASE OR MODIFICATION OF EQUIPMENT OR DEVICES:** includes, but is not limited to, push button telephones, hand controls for dictating devices, speaker phones, telephone amplifiers, Braille typewriters, dictating machines, optical scanners, telecommunication devices, noise activated equipment, etc.

**4. WORK-RELATED PERSONAL ACCOMMODATIONS:** includes, but is not limited to, utilization of additional staff as a method of overcoming a physical or mental handicap, readers, drivers, interpreters, personal care attendants for imposed travel, etc.

**ADDITIONAL INFORMATION THAT REQUESTOR FEELS IS RELEVANT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF REQUESTOR OR PERSON**

\_\_\_\_\_  
**RELATIONSHIP TO REQUESTOR  
ACTING ON HIS/HER BEHALF**

IT IS THE AGENCY POLICY TO PROCESS ALL FORMAL REASONABLE ACCOMMODATION REQUESTS WITHIN TWENTY (20) WORKING DAYS OF THE DATE THE REQUEST IS RECEIVED, EXCEPT IN SITUATIONS WHEN THE REQUESTOR MAY NEED AN EARLIER ACCOMMODATION TO MEET VITAL HEALTH OR SAFETY NEEDS. IF ACCOMMODATION IS REQUESTED TO ASSIST WITH THE APPLICATION PROCESS OR A DECISION REQUIRES MEDICAL INFORMATION, THE AGENCY WILL BE ALLOWED CONSIDERATION FOR SPECIAL TIME REQUIRED.

THE INDIVIDUAL REQUESTING A REASONABLE ACCOMMODATION WILL RECEIVE A WRITTEN RESPONSE.

Form should be marked **CONFIDENTIAL** and mailed or delivered to:

ADA/504 Coordinator: Carol Thomas, Director of the Office of Diversity & Equal Opportunity

Address: 50 Maple Street, Milford, MA 01757.

Telephone: (508) 422-3690 e-mail address: Carol.Thomas@doc.state.ma.us

If you have further questions, please contact the Program Coordinator for the Disabled, Office of Diversity and Equal Opportunity, 727-7441, TTY 727-6015.

**FORM 526**

---

**MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST**

---



- For any questions to complete this form please contact Carol L. Thomas, ADA Coordinator, DOC Office of Diversity and Equal Opportunity, 50 Maple Street, Milford, MA 01757, Tel. 508-422-3690.
- For Correction Officers and Correctional Program Officers please review the list of the 7 essential functions enclosed to be addressed in the physician's letter.
- This form must be signed by a physician along with the Doctor's letter.

**Employee Name:** \_\_\_\_\_

**To be completed by the employee:**

**A. Questions to help determine the nature of the request.**

A reasonable accommodation is any change in the work environment that helps an employee perform the essential functions of their job or to enjoy the benefits and privileges of employment. To be eligible for a reasonable accommodation you must establish the connection between your disability related limitations and the specific request you are making. If you have a disability that limits the ability to do the essential/core functions of your job, your employer must provide a reasonable accommodation, unless the accommodation requested poses an undue hardship. Additionally once an accommodation has been provided you must be capable of performing the essential functions of your job.

**1. What limitation(s) due to a disability do you have that interferes with your job performance?**

**2. What job functions are you having trouble performing because of the limitation(s)?**

**3. Describe how this limitation(s) interferes with your ability to perform the job function(s)?**

**To be completed by the medical provider:**

You have been asked to complete this form on behalf of your patient who requested a disability related workplace accommodation from their employer. The employer seeks verification that your patient has: 1) a disability as defined by the ADA (See B below) and that: 2) their disability results in the functional limitations described in A above (See C below).

**B. Questions to verify disability.**

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities. The following questions may help determine whether the employee has a disability as defined by the ADA.

**Note:** The questions should be answered based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as provided by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

**According to the ADA, major life activities may include but are not limited to:**

This is for information purposes only – **do not circle**. This will be used to answer the question below.

Caring for Self	Walking	Hearing	Lifting	Bending
Interacting With Others	Standing	Seeing	Sleeping	Reading
Performing Manual Tasks	Reaching	Speaking	Concentrate	Eating
Breathing	Thinking	Learning	Reproducing	Working
Toileting	Sitting	Communicating		

1. Does the employee have a physical or mental impairment that substantially limits a major life activity?

<b>Note:</b> Does not need to significantly or severely restrict the life activity to meet this standard.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>According to the ADA, major bodily functions may include but are not limited to:</b> This is for information purposes only – <b>do not circle.</b> This will be used to answer the question below.				
Immune	Genitourinary	Brain	Musculoskeletal	
Normal Cell Growth	Hemic	Respiratory	Cardiovascular	
Digestive	Special Sense Organs or Skin	Circulatory	Reproductive	
Bowel/Bladder	Lymphatic	Endocrine	Neurological	
2. Does the impairment substantially limit the operation of a major bodily function?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Note:</b> Does not need to significantly or severely restrict the bodily function to meet this standard.				

**C. Verification of functional limitation(s).**

1. Does your patient have the functional limitation(s) described in A-1?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

2. Is the functional limitation due to their disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

3. What is the anticipated duration of the impairment?	
--	--

**D. Comments:**  
Employers are obligated to make reasonable accommodations to allow their employees with disabilities the opportunity to perform the essential functions of their job provided the requested accommodation does not fundamentally alter the nature of the job or result in an undue administrative or financial burden.

In order to help us work with our employee, do you have suggestions on accommodations that might be provided?  
Note: Your suggestions will be used in the interactive process with the employee. The specific accommodation you suggest may or may not be the accommodation ultimately provided.

**E. Medical Professional Information and Signature.**

Name:		License:	
Address:		City/St./ZIP:	
Medical Professional's Signature:		Date:	

The Massachusetts Department of Correction  
Office of Diversity and Equal Opportunity

Authorization for Release of Medical Information

---

“I, \_\_\_\_\_, hereby authorize the Department of Correction’s ADA Coordinator or the Coordinator’s designee to speak to the physician who completed or provided the medical certification/documentation accompanying my reasonable accommodation request. This authorization is limited to information about my disability, including the nature, severity, and duration of the impairment, the activities that it limits, and the extent to which it limits my ability to perform those activities. The purpose of the documentation is to enable the Department of Correction to determine whether I am a qualified individual with a disability, evaluate how these limitations affect my ability to perform the essential functions of the job, and evaluate my accommodation request.”

This authorization shall expire in one (1) year from the date of signature.

\_\_\_\_\_  
Full name of Employee

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Legal Representative (where applicable)  
(please print)

\_\_\_\_\_  
Signature of Legal Representative  
(where applicable)

\_\_\_\_\_  
Date of Signature