

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only)	DATE RECEIVED BY STAFF:	
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC			
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 			
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?			
WHY CAN'T YOU DO IT?			
WHAT DO YOU NEED?			
<i>(Use the back of this form if more space is needed)</i>			
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes No Not Sure List and attach documents, if available:			
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.			
_____ INMATE'S SIGNATURE		_____ DATE SIGNED	
Assistance in completing this form was provided by:			
_____	_____	_____	
Last Name	First Name	Signature	