

Perry Multi-County Juvenile Facility
SPECIAL ACCOMMODATIONS FORM

Resident Name	Date
<p>The information on this form identifies special arrangements to best address the needs of your child and family. This information may include the following: Special medical or religious diets, language or literacy barriers for your child or a parent/guardian that can cause a misunderstanding of facility rules and regulations, developmental delays, transportation issues, clothing needs, etc.</p>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No Resident has special diet restrictions. Explain: _____</div> <div>_____</div>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No Resident has specific religious or special diet that needs to be addressed medically in a health-related emergency. Explain: _____</div> <div>_____</div>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No Resident or parent has a language or literacy need that can cause the resident or parent to misunderstand agency rules and regulations. Explain: _____</div> <div>_____</div>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No Resident has developmental milestones or delays that need addressed. _____</div> <div>_____</div>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No Resident specific needs to address that may require accommodations: (Please include issues such as transportation and financial assistance with clothes and/or shoes, etc...): _____</div> <div>_____</div> <div>_____</div>	
<p>Perry Multi-County Juvenile Facility will provide needed assistance either within the facility by a staff member or by a qualified individual supervised by a staff member for any verified needed accommodations indicated above.</p>	
_____ Parent/Guardian Signature	_____ Date

