North Coast Housing Connections

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# Reasonable Accommodation Request Form

*The examples below are informational and are not intended to limit in any way what a disabled person may request as a reasonable accommodation.*

**Additional Bedroom:** A bedroom in addition to what the family would receive based upon occupancy standards. For applicants/participants in the Housing Choice Voucher Program, it means a person's disability requires more than an efficiency unit or a person with a disability is unable to share a bedroom with another family member.

**Additional Space for Medical Apparatus/Equipment:** In addition to what the family would receive based on occupancy standards, a member of the household with a disability needs additional space to store durable medical equipment.

**Exception to Payment Standard:** The Housing Choice Voucher Program may increase the payment standard to accommodate a family that includes a person with disabilities. NCHC must perform a rent reasonableness analysis and maintain documentation that the unit has features required to meet the needs of the disabled person.

**Live-in Aide:** A person who resides with a person with a disability in the same unit to care for the person. The identity of the live-in aide must be made known at the time the application is submitted. In addition, the following requirements must be met:

- Must be essential to the care and well-being of the person;
- Must maintain primary residence in the subsidized unit of the person whose disability requires the presence of the aide;
- Cannot be obligated for the financial support of the person with a disability;
- Would not live in the unit other than to provide the necessary supportive services;
- Is capable of serving as a live-in aide (possesses a level of experience capable of rendering the duties reasonably expected for providing the personal care needed to the disabled household member);
- Must be at least 18 years old;
- Cannot be a current member of the household; and
- Is subject to screening for criminal activity or any other conduct that would otherwise bar the person from admission to NCHC's program.

**Person with a Disability:**

- Individual with a physical or mental impairment that substantially limits one or more major life activity;
- An individual who is regarded as having such an impairment; or
- An individual with a record of such an impairment.

**If you or a member of your household has a disability and need reasonable accommodation, complete this form and return it to NCHC**. Keep copies of all documents you submit as part of your request.

Name of Head of Household,
Participant or Applicant: _____ Date: _____

Name of Person with Disability: _____

Relationship to Head of Household,
Participant or Applicant: _____

Address: _____

Phone Number: _____

**Please describe the reasonable accommodation you are requesting.** I am requesting the following change(s) in a policy, procedure, rule, service or regulation so that my household member(s) or I can live here as easily as others and participate equally in housing:

_____

_____

_____

_____

**Please explain why this reasonable accommodation is needed.** I need this reasonable accommodation because: (You do not need to provide detailed information about the nature or severity of the disability.)

_____

_____

_____

_____

**If you are working with a company, organization or individual that might be able to help or advise NCHC on the accommodation request, please provide the following information:**

Name: _____

Address: _____

Phone Number: _____

Name of Head of Household,

Participant or Applicant: _____ Date: _____

*Please also complete the authorization for release of information for NCHC to verify that the individual named in the application is a person with a disability and the requested accommodation is related to the disability.*

**Authorization for Release of Information**

By my signature below, I authorize NCHC to verify that the individual named in the application is a person with a disability, and the requested accommodation is related to the disability. **Please do not provide information regarding the nature or extent of the disability. This authorization does not allow NCHC to examine my medical records, including diagnosis or test result(s), nor does this authorize the release of detailed information about the nature or severity of my disability.**

Name of Knowledgeable Professional: _____

Field of Practice/Specialty/Discipline: _____

Name of Agency/Clinic/Facility: _____

Address: _____
(Include city, state and zip)

Phone Number: _____ Fax Number: _____

Name of Patient (household member): _____

I understand the information obtained by NCHC will be kept confidential and used solely to make an evaluation and determination of this request for reasonable accommodation(s). The information will not be shared with anyone unless required to make or assess a decision to grant or deny a reasonable accommodation request.

Signature of Applicant: _____ Date: _____

If the household member needing accommodation(s) is under 18 years old, are you the parent or guardian?

_____Yes _____ No

Signature of Parent or Guardian: _____ Date: _____

## To be completed by evaluator/diagnostician

Tenant Name: _____

Tenant Address (City, State and Zip Code): _____

_____

**Disability Certification:** HUD's definition of disabled requires that the individual be "unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment, which can be expected to last for a continuous period of not less than 12 months."

(Check one) Based on the above definition, it is my opinion the individual indicated above:

Is disabled: _____

Is not disabled: _____

**Handicapped Certification:** HUD's definition of handicapped requires that the physical or mental impairment "is expected to be of long or indefinite duration, substantially impedes his or her ability to live independently and is of such nature that the disability could be improved by more suitable housing conditions."

(Check one) Based on the above definition, it is my opinion the individual indicated above:

Is handicapped: _____

Is not handicapped: _____

**I hereby certify that the above information is true and correct:**

_____ _____

(Print name of evaluator/diagnostician) (Signature)

_____ _____

(Address) (Date)

_____ _____

(City, State, Zip Code) (Area Code and Phone Number)

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matters in its jurisdiction.