

# Reasonable Accommodation Packet

## for Section 8 Participants

This packet should include:

- Reasonable Accommodation and Process
- Request for Reasonable Accommodation – Form to be completed by participant family.
- Verification of Need for Reasonable Accommodation – Form to be completed by Physician or Qualified Care Provider.

## **Reasonable Accommodation and Process**

The Tuscaloosa Housing Authority (THA) is committed to providing accommodations to persons with disabilities so that their living arrangements are comparable to those of other Section 8 participants. A reasonable accommodation and/or modification is some exception or change that we make to rules, policies services, or regulations that will assist a participant with a disability in taking advantage of a housing program and/or dwelling. The accommodation and/or modification must be necessary for the individual with the disability to enjoy and/or use fully provided offered to other residents and/or the individual dwelling unit. An example of a reasonable accommodation that may be requested may include:

- ❖ A change in the THA's rules, policies, or how we do things that would make it easier for you to live in your dwelling;
- ❖ A change in the way we communicate with you or give you information.
- ❖ Permitting a live-in Personal Care Attendant to live with a disabled participant who might need 24 hour assistance.

To qualify for a reasonable accommodation, you must:

1. You or a household member must be a person with a disability under the following ADA definition:
  - A physical or mental impairment that substantially limits one or more major life activities:
  - A record of such an impairment or
  - Regarded as having such an impairment

The term "substantially limits" suggest that the limitation is "significant" or "to a large degree."

The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

2. Submit a completed Request for Reasonable Accommodation Form.
3. Have a qualified physician or other professional verify that you require the accommodation due to your disability and the change is required for you to have equal access to the housing program.

If you can show that you have a disability and if your request is reasonable and relates to the accommodation you are requesting we will try to make the change as long as it is not too expensive or difficult to arrange.

You will be provided with a written decision in a reasonable time frame. If no additional information is needed and no verification is outstanding, a response should be sent to you within 14 working days.

The written decision will include details on the request if approved, or an explanation for denial of the request, as well as details on requesting an informal hearing to have the decision reviewed.

Falsifying reasonable accommodation requests constitutes program fraud under 24 CFR 982.441 (k) and may result in denial or termination of benefits.



**Request for Reasonable Accommodation Form**

HEAD OF HOUSEHOLD: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The following member of my household has a disability as defined below: (A physical or mental impairment that substantially limits one or more major life activities; a record of having such impairment; or being regarded as having such impairment).

Name of person with disability: \_\_\_\_\_

As a result of his/her disability the following change or changes are needed so that my family can live in the subsidized unit as easily or successfully as other residents. We are requesting the following:

- Additional bedroom for durable medical equipment or severe medical reasons
- Additional bedroom for 24 hours personal care attendant
- To rent from a relative
- Larger bedroom size than Occupancy Standards allowed by Richfield HRA I would like a \_\_\_\_ bedroom voucher and have only a \_\_\_\_ bedroom voucher
- Other: \_\_\_\_\_

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

I am requesting the following accommodation so that I or my household member(s) can live here as easily as others and enjoy and participate equally in housing: **(Please attach additional pages if needed)**

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

Falsifying reasonable accommodation requests constitutes program fraud under 24 CFR 982.441 (k) and may result in denial or termination of benefits.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Please note the Request for Reasonable Accommodation form plus the Verification of Need for Reasonable Accommodation form (completed by Care Provider) must both be returned to Tuscaloosa Housing Authority. Upon receiving both the completed Request for Reasonable Accommodation form and Verification of need for Reasonable Accommodation form and any supporting documenting Tuscaloosa Housing Authority will make a decision of this request and a written decision will be sent out from our office within 14 working days.



**PROVIDER FORM**  
**(To be completed by provider only)**

**VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION**

Name and Address of Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Head of Household: \_\_\_\_\_  
 \_\_\_\_\_ Client Number: \_\_\_\_\_  
 \_\_\_\_\_ **Patient's Name:** \_\_\_\_\_

Dear Care Provider:

The individual listed above has identified him or herself as being disabled and has asked for an accommodation from this agency to meet certain needs dictated by the disability. You have been asked as a qualified professional to provide information based on your direct experience with this individual. In order to maintain client confidentiality we require this form be returned to the Tuscaloosa Housing Authority by the U.S. Postal Service at the address listed on the following page or sent as an e-mail attachment (email address must be from care provider) to e-mail listed on the following page. Hand-delivered forms will not be accepted.

**Authorization to Release Information.** I authorize the Care Provider listed above to disclose relevant information to the Tuscaloosa Housing Authority regarding the need for a reasonable accommodation. I understand the information the Tuscaloosa Housing Authority obtains will be kept confidential and used solely to determine if an accommodation would be provided.

Signed: \_\_\_\_\_ Printed Name \_\_\_\_\_  
 Name of Patient (or Guardian) \_\_\_\_\_  
 Dated: \_\_\_\_\_

**Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act define a "disability" as a physical or mental impairment which substantially limits one or more of a person's major life activities, a record of having such impairment, or being regarded as having such impairment.**

1. Does this individual have a disability, as defined above? Yes\_\_\_\_\_ No\_\_\_\_\_
2. If yes, does this individual, because of this disability, need an accommodation in any rules, policies, practices or services of the Tuscaloosa Housing Authority to have an equal opportunity to use and enjoy his or her home? Yes\_\_\_\_\_ No\_\_\_\_\_
3. If yes, please describe the accommodations needed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Please describe why this accommodation is needed and how it relates to a disability:

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5. Do you recommend this type of accommodation for individuals with similar impairments?

Yes \_\_\_\_ No \_\_\_\_

6. If no, please explain: \_\_\_\_\_

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Name and address of person completion form:

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

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

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

Please return this form to:

Tuscaloosa Housing Authority Section 8

2117 Jack Warner Pkwy, Suite 2

Tuscaloosa, AL 35401

Email: \_\_\_\_\_

205-758-6619 Phone

205-758-5099 Fax