



REASONABLE ACCOMMODATION REQUEST FORM



SECTION 1: THIS SECTION TO BE COMPLETED BY THE PUBLIC HOUSING OR VOUCHER PROGRAM PARTICIPANT/APPLICANT:

Please check one: Section 8 Applicant Section 8 Participant
 Public Housing Applicant Public Housing Participant

Head of Household Name: _____

Address: _____ City/State/Zip Code: _____

Phone/Cell: _____

Reasonable Accommodation request completed on behalf of: (Check one of the following:)

Head of Household Family Member: _____
(Name)

The individual, named above, who needs the reasonable accommodation, meets the definition of an individual with a disability as stated on page three. Yes No

The change in policy or physical unit modification requested for the disabled individual:

I authorize the physician/health care provider named below to release the specific information requested on the on the next section of this form to the City of Tucson Housing and Community Development Department to verify my request for reasonable accommodation.

Health Care Provider Name: _____ Street address: _____

City, State, Zip Code: _____ Phone Number _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or representative of the U.S. Government, punishable by a fine not to exceed \$250,000 and/or imprisonment of not more than 5 years.

Signature: _____ Date: _____
(Signature of Participant)



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SECTION 2: THIS SECTION IS TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Section 504 of the Rehabilitation Act of 1973 allows the Public Housing and Section 8 Housing Choice Voucher Programs to obtain confirmation that the reasonable accommodation request is consistent with the patient/client's disability. Disability is defined on page three of this form. Please provide the following information concerning your patient's request for a reasonable accommodation. **Please note that this is not a request for medical records or detailed information about the disability.** Please limit your remarks to describing functional limitations and to confirming that the accommodation requested is relevant to this patient/client's case.

As a medical or health care provider with knowledge necessary to make such a determination.

I, _____, of _____ located at
(Name of Physician/Health Care Provider) (Name of institution or agency)

_____ certify that
(Street Address, City & Zip Code)

_____ qualifies as an individual with a disability as defined
(Name of Person who needs accommodation)

on the third page of this form and that the accommodation(s) the patient identified on this form has requested is/are consistent with his/her needs associated with his/her disability.

The functional limitation(s) caused by said disability is/are: **(DO NOT PROVIDE DIAGNOSIS)**

This disability is: Permanent _____ or Temporary _____ (please check one)

The change in policy or physical unit modification needed is:

How does the change in policy or physical unit modification alleviate the functional limitation so that the member can have equal, not superior, housing opportunity?

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I may be contacted at the following phone number: _____

Signature of Physician or Health Care Provider: _____ Date: _____



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SECTION 3: DEFINITIONS

Assistive Animals: Animals that serve as a reasonable accommodation for persons with disabilities by assisting those individuals in some identifiable way by making it possible for them to make more effective use of their housing.

Disability: According to the Fair Housing Act amended in 1989 and Section 504 of the Rehabilitation Act of 1973-as amended, a person with a disability includes any person who has:

- Physical or mental impairment(s) that substantially limits one or more major life activities;
- Has a record of having such impairments; or
- Is regarded by others as having such impairments.

Examples include, but are not limited to: visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction and alcoholism. Does not include current, illegal use of, or addiction to, a controlled substance as defined in Section 2 of the Controlled Substance Act, 21 U.S.C. 802.

Live-in aide: A person who resides with one or more elderly persons, near elderly persons, or persons with disabilities and who is 1) determined to be essential to the care and well-being of the persons, 2) is not obligated for the support of the persons, and 3) would not be living in the unit except to provide the necessary supportive services. The live-in aide must be identified by the family and approved by the Housing Authority (24 CFR Section 5.403)

Reasonable Accommodation: A reasonable accommodation is a slight change in procedure or policy or structural modification that enables a person with disabilities to take full advantage of the same housing opportunities as others.

If you require an oral interpretation in a language other than English, please call (520) 791-4171.

Si require una interpretacion oral en un idioma que no sea ingles, por favor llame al (520) 791-4171.



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OFFICE USE ONLY

City of Tucson Housing and Community Development Department

Date Request Received: _____

Head of Household Name: _____

Last 4 Digits of SSN: _____

Caseworker Name: _____

Family Review Form Attached:

Staff Narrative: _____

