

REASONABLE ACCOMMODATIONS








How Do I Request an Accommodation from DHA?

Meichell Walsh, Legal Resources Manager/504 Coordinator



What do you need to know?



- * What is a Reasonable Accommodation? 
- * What a Reasonable Accommodation is not? 
- * What forms do I need to complete to request an accommodation? 
- * What parts of the forms do I need to complete? 
- * Where do I send my request after completing the forms? 
- * Where do I get the forms?



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What is a Reasonable Accommodation?



- * A “reasonable accommodation” is:
 - A “reasonable accommodation” is a modification or change the DHA can make to its rules, policies, practices or services, or modifications to the person’s apartment or to a public/common area where such a change is necessary to provide a person with a disability an equal opportunity to participate in, or benefit from, DHA housing programs, unless it causes an undue hardship or fundamentally changes the program. Examples of a reasonable accommodation include, but are not limited to, the following:
 - * A transfer to a different unit with wheelchair access;
 - * Installation of strobe-type flashing light smoke detector in a DHA housing unit for the hearing-impaired.
- * A reasonable accommodation may also include provision of an appropriate auxiliary aid where such assistance is necessary to enable effective communication between the applicant, public housing resident or Section 8 client and DHA.

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What **does not** qualify as a Reasonable Accommodation?

*The term “accommodation” is a term of art specific to the ADA and Section 504. It is **not** what is more convenient or will simply improve the individual’s quality of life. The change to the rules, policies, practices, services or modifications must be reasonable and there must be an identifiable relationship, or nexus, between the requested accommodation and the disability . Remember, these changes allow the individual an equal opportunity to participate in, or benefit from, DHA housing programs; it is not the intent to provide a preference for disabled individuals, or special treatment.

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What forms do I complete to request an accommodation?

You need to complete the “Form #1 - Request for Accommodation” and “Form #2 – Health Care Provider’s Verification of Need for a Reasonable Accommodation in Housing Because of Disability.”

PLEASE TAKE FORM #2 - HEALTH CARE PROVIDER FORM TO YOUR PHYSICIAN OR OTHER HEALTH CARE PROVIDER AND HAVE IT COMPLETED BEFORE YOU SUBMIT YOUR FORMS.

Both forms must be completed prior to submitting them to the 504 Coordinator for processing.

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What parts of Form #1 - Request for Accommodation do I complete?

You need to complete this entire form. (The next 2 slides show the form and which lines must be completed, press the next button below.)

⊗ **NOTE:** If you are a Section 8 client, you still need to complete section 2, but you should check the second or third box.

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FORM #1
REQUEST FOR ACCOMMODATION

DO NOT RETYPE OR ALTER THIS FORM IN ANY WAY

You must complete this section as shown. Under **APPLICANT** circle **YES** or **NO**

NAME: Jane Doe **TELEPHONE NO.:** _____
ADDRESS: 1234 Anywhere Street
CITY, STATE, ZIP CODE: Denver, CO 80246
PROGRAM: PUBLIC HOUSING: **SECTION 8:** **ARE YOU AN APPLICANT?** **YES** **NO**

Complete if individual with disability is someone other than head-of-household

1. The following member of my household has a disability, *i.e.*, a physical or mental impairment that substantially limits one or more life activities such as caring for one's self, doing manual tasks, walking, seeing, hearing, breathing, learning and working.

Name: John Doe
Relationship or association with you: son

2. As a result of this disability, I am requesting the following accommodation: (Please check one or more boxes below):

PUBLIC HOUSING RESIDENTS ONLY: A change in my apartment or the public or commons areas of the housing development. Please explain why the requested change is necessary and specifically state the change you are requesting. _____

Please install grab bars in the bathroom

An exception to the following rules, policies, practices or services. (Note that a change you believe will allow you to comply with the terms of the lease may be requested, but everyone is required to comply with the essential terms of their lease.) Please explain why the exception you are requesting is necessary, and specifically state the exception. _____

Other (for example, a change in the way DHA communicates with you). Please specify: _____

You must respond to this question by checking one of these boxes and stating what accommodation you are requesting.

3. This request for accommodation is necessary so that I can: (Please specify how the accommodation will provide you with an equal opportunity to participate in, or benefit from, DHA housing, aid, benefit, or services.)

My son needs extra support to get in the bathtub safely

You must explain why you require an accommodation



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4. I authorize DHA to verify that I have a disability and have the need for the accommodation I have requested. In order to verify this information the DHA may contact the following medical or mental health professional, or licensed service agency whose function is to provide services to the disabled, or other expert in the field of: _____

You must fill in all of these blanks.

REQUIRED INFORMATION:

Name: _____ Dr. Anybody _____
Title of Professional or Expert: _____ Physician _____
Agency, Facility or Institution (if any): _____
Address: _____ 1234 Someplace _____
City, State, Zip Code: _____ Denver, CO 80123 _____
Telephone: _____ 303-567-8901 _____ Fax: (required) _____ 303-567-8902 _____

NOTE: DHA REQUIRES THE INFORMATION ABOVE, IN CASE ADDITIONAL INFORMATION IS NECESSARY TO CONSIDER YOUR REQUEST. PLEASE PROVIDE THE REQUESTED INFORMATION ONLY FOR THE INDIVIDUAL WHO COMPLETED THE HEALTH CARE PROVIDER VERIFICATION FORM YOU ARE SUBMITTING WITH THIS REQUEST. YOU ARE STILL RESPONSIBLE FOR HAVING YOUR HEALTH CARE PROVIDER COMPLETE THE HEALTH CARE PROVIDER VERIFICATION FORM ATTACHED TO THIS REQUEST.

Complete the following, if applicable.

I authorize DHA to contact the following individual who assisted me in the completion of this form:

This section is optional.

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone: _____

You must sign here, and if the individual with the disability is not you, they must sign if they are over 18 years old. IF YOU DO NOT SIGN, YOUR REQUEST WILL NOT BE PROCESSED

I understand that the information obtained by DHA will be kept completely confidential, to the extent permitted by law, and used solely to make a determination regarding my accommodation request. I further understand that DHA will not process my request if this form is incomplete or has been altered, or does not have my original signature.

Signed: _____ Date: _____ 10/2/05
(Head of Household or Authorized Representative)

Signed: _____ Date: _____
(Individual with the Disability if Over 18)

This form and the completed Health Care Provider Verification form must be submitted to the 504 Coordinator, Meichell Walsh, at P. O. Box 40305, Mile High Station, Denver, CO 80204-0305.

If you have any questions regarding this form, please contact the 504 Coordinator, Meichell Walsh, at the DHA office: (720) 932-3144; TDD (720) 932-3111; or Colorado Relay TDD (800) 659-2656; P. O. Box 40305, Mile High Station, Denver, CO 80204-0305.

(Este es un aviso importante. Por favor hagala traducir inmediatamente.)

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What parts of Form #2 - Health Care Provider's Verification do you complete?

You need to complete only the first four lines of the form, down to the heavy line. Your Health Care Provider must complete the rest of the form. (See next page for example.)

NOTE: YOU MUST TAKE THIS FORM TO YOUR HEALTH CARE PROVIDER, ALONG WITH YOUR REQUEST FOR ACCOMMODATION, AND THE ATTACHED INFORMATION SHEET, SO THAT YOUR HEALTH CARE PROVIDER CAN COMPLETE THIS FORM. SUBMIT BOTH FORMS AFTER THEY HAVE BEEN COMPLETED. IF YOU ARE UNABLE TO TAKE THIS FORM TO YOUR HEALTH CARE PROVIDER, DHA WILL SEND THE FORM TO YOUR HEALTH CARE PROVIDER, BUT YOU MUST PROVIDE A NAME, ADDRESS AND PHONE NUMBER FOR THE HEALTH CARE PROVIDER.

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FORM #2
HEALTH CARE PROVIDER'S VERIFICATION OF NEED FOR AN
ACCOMMODATION IN HOUSING BECAUSE OF A DISABILITY

DO NOT RETYPE OR ALTER THIS FORM IN ANY WAY

SECTION A

Applicant's Name: _____ John Doe _____

Address: _____ 1234 Anywhere Street, Denver, CO 80246 _____
(Street Address, City, State, Zip Code)

Requested Accommodation: _____ Install grab bars in bathroom _____

I authorize the Health Care Provider to release the medical information requested below to the Housing Authority of the City and County of Denver ("DHA"), and any other information necessary to assess the Applicant's request for an accommodation(s).

Signature: _____ *John Doe for John Doe* _____ Date: _____ 10/2/05 _____

Applicant must fill in all blank lines above in this Section A, and sign on the line above and date. Then take this form to your Health Care Provider so that he/she can complete Section B below. **NOTE: IF BOTH SECTIONS A AND B HAVE NOT BEEN COMPLETED, YOUR REQUESTED ACCOMMODATION WILL BE DENIED.**

SECTION B

Health Care Provider must fill in all appropriate blanks below in this Section B. Before you complete this form, please read the attached information sheet so that you clearly understand what a reasonable accommodation is and how the law defines "disabled." If a question is not applicable write "N/A" next to the question.

Health Care Provider's Name (please print)

Street Address

City, State and Zip Code

Telephone Number

Fax Number

You need to complete this section.



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Where does you send your Request for Accommodation?

All Requests for Accommodations and Health Care Provider Verification forms are returned to:



Meichell Walsh
DHA
P.O. Box 40305
Mile High Station
Denver, CO 80204

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Where do I get the forms?

You can print copies of the form from DHA web page under “Reasonable Accommodations.”

You need 2 forms:

1. Form #1 - Request for Accommodation
2. Form #2 - Health Care Provider Verification
3. Instructions for Health Care Providers

Sample forms are also available in the same section, to help you complete these forms correctly.

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Definitions

Premises: The tenants unit and all public and common areas of the development.

Public Area: Area where anyone from the general public has access, for example a lobby.

Common Area: Area where anyone living in a development has access, for example the laundry room, an exercise room, or the community room.

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