

Notice of Right to Reasonable Accommodation

Reasonable Accommodation Process

If you have a disability and you require some sort of modification to fully access and utilize the housing program, you may request a reasonable accommodation. Modification requests can include:

- An exception to a rule, policy or procedure
- A change or repair in your unit or some other part of the housing site
- A special type of unit
- A change in the way we communicate with you or give you information

To qualify for a reasonable accommodation, you must,

1. Be a person with a disability under the following ADA definition:
 - A physical or mental impairment that substantially limits one or more of the major life activities
 - A record of such impairment; or
 - Regarded as having such an impairment
2. Submit a Request for Reasonable Accommodation form (forms included)
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. (Forms included)

If you qualify for the accommodation and it would not create an undue administrative or financial burden, the housing authority will make every effort to grant the request or present an alternate accommodation that will still meet the needs of the request.

The housing authority will provide a written decision to you within (20) business days, unless additional information is needed or verification outstanding.

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 a hearing to have the decision reviewed.

Falsification of Reasonable Accommodation Requests

Falsifying information constitutes program fraud under 24 CFR §982.551 (k) and may result in denial or termination of benefits.

REQUEST FOR REASONABLE ACCOMMODATION

Note: This form may be submitted to the Housing Authority at any time. If you need assistance with this form or have any additional questions, please contact the Housing Authority at (203) 757-1138.

Date of Request

Social Security #

Name of Applicant

Phone #

Address

City/State/Zip

1. What is the reasonable accommodation you are requesting? _____

2. Reasonable accommodation is requested for? _____

Household Member Name

3. This reasonable accommodation is needed because _____

4. Provide independent verification from your doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency, with verification of the existence of your disability—see Reasonable Accommodation Verification form.

5. Case Manager's name is _____ @ _____
Contact him/her regarding any concern regarding this request. Phone

6. I certify that the information in this Request for Reasonable Accommodation is true and accurate. I give the housing authority permission to talk with my physician or licensed professional about my reasonable accommodation request.

Signature of Applicant/Participant

Please return this form to:

J. D'Amelia & Associates LLC
Attn: Michelle Molina
37 Brookside Rd
Waterbury, Ct. 06708

Or fax to 203-591-9308 or email to mmolina@jdamelia.com

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any Matter within its jurisdiction, punishable by fine not to exceed \$250,000 and/or imprisonment of not than 5 years.

Dear Professional,

_____ is an applicant for admission or current participant in the State of Ct. Department of Housing Federal Section 8 or State Rental Assistance Programs administered by J. D'Amelia & Associates, LLC. They have indicated that they or a family member have a disability that requires an accommodation.

Federal and State Law require public housing providers to make changes to rules, policies and procedures, as a reasonable accommodation, if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, their housing. **Please note that these changes must be medically necessary as a result of the person's disability as opposed to a change that merely benefits the individual.**

Please specify on the enclosed verification of need form the accommodation that you recommend for the above-named person. Also whether you believe the individual has a disability and whether the accommodation is necessary and would achieve its stated purpose. You may also add or provide additional information that would be helpful in making the appropriate accommodation for this person.

This form should not be used to discuss the person's specific disability or diagnosis or any other information that is not directly relevant to the request for an accommodation; however it is important to be as specific as possible about this individual's housing needs as they relate to their disability so that we may provide the most appropriate response.

The individual requesting the accommodation has signed a Release of Information (enclosed) allowing you to provide the information necessary to assist us in making our determination. If you have any questions, feel free to contact me at

Sincerely,

IMPORTANT: This form may only be completed by a doctor or licensed professional.
This form may not be completed by the Section 8 applicant or participant.

REASONABLE ACCOMMODATION VERIFICATION

Independent verification to be completed by doctor, licensed professional representing a rehabilitation center, disability agency or clinic, or a supervisor of a case manager representing a disability agency.

Explanation: A housing authority is required by law to provide reasonable accommodations to disabled applicants and participants that will facilitate their ability to function and provide equal opportunity to use and enjoy housing programs. Applicable federal and state law defines "disability," with respect to the individual, as (1) a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) a record having such an impairment; (3) being regarded as having such an impairment; but such term does not include current illegal drug use or addiction or a controlled substance. Major life activities are defined as functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

I, _____ (printed name of health care representatives)

DO

DO NOT

Believe that the person on the attached authorization form meets the definition of an individual with a disability as defined above and requests the housing authority provide the following reasonable accommodation(s). An explanation of why each is needed is included: (use additional sheet if necessary)

Accommodation
Specific Request

Relationship—why accommodation is necessary to assure equal housing access. (This section must be completed. Use additional pages if necessary).

Signature

Date

Printed Name

Phone #

Professional Title

Fax #

Address

City/State/Zip

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