

HOUSING AUTHORITY OF THE COUNTY OF CONTRA COSTA



PART I - REQUEST FOR REASONABLE ACCOMMODATION FORM

Head of Household Name: _____ Phone: _____

Address: _____

Instructions: This form may be used when requesting an exception, change or adjustment to a rule, policy, practice, or services because of a disability. **Part I**, this form, should be completed by the person requesting the accommodation or his/her authorized representative. **Part II** will be mailed to the qualified care provider identified in Paragraph 4 (below). If you need assistance completing this form, contact a Housing Authority representative.

1. The definition of a person with a disability includes: (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

The following individual has a disability:

Name: _____

Relationship to You (if this request is for yourself, write "self"): _____

2. Describe the accommodation/modification requested:

3. Explain why this accommodation necessary (please be specific):



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4. Identify the physician, psychiatrist, licensed psychologist, licensed nurse practitioner, rehabilitation professional or qualified service provider who can verify the disability and the need for the accommodation requested:

Name of Professional or Expert: _____

Title: _____

Agency, Facility or Institution (if any): _____

Address: _____

Telephone: _____

AUTHORIZATION TO RELEASE INFORMATION: I authorize the professional named in Paragraph 4 (above) to release information to the Housing Authority of the County of Contra Costa to verify that I have a disability and have the need for the reasonable accommodation requested above. I understand that the information the Housing Authority obtains will be kept confidential and used solely to determine if an accommodation should be provided.

Print Name: _____ Signature: _____ Date: _____
(Head of Household or Authorized Representative)

If the head of household or Authorized Representative is submitting this request on behalf of another *adult* household member, the other adult household member must sign below.

Print Name: _____ Signature: _____ Date: _____
(Adult Household member)

