



Reasonable Accommodation Request

(Information received as part of reasonable accommodation is confidential. Information pertaining to reasonable accommodation will not be disclosed or released except as permitted by law.)

WHAT IS REASONABLE ACCOMMODATION?

The Housing Authority of the County of Alameda (HACA) provides reasonable accommodation for persons with disabilities. For purposes of reasonable accommodation, a disability is defined as a physical or mental impairment that limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment.

Reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service to allow a person with disabilities the ability to fully access HACA's programs or services.

HACA complies with Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination against persons with disabilities in any program or activity receiving federal financial assistance.

HOW TO APPLY FOR REASONABLE ACCOMMODATION:

STEP #1 Complete the "Request for Reasonable Accommodation" form.

To start the accommodation process you must make your request by completing the attached "Request for Reasonable Accommodation" form, emailing HACA staff so they can take your request verbally, or you may send an email to ra-submit@haca.net. When emailing be sure to include the name, address, email address and phone/fax number of your healthcare or knowledgeable professional.

STEP #2 Submit the "Request for Reasonable Accommodation" form.

Completed request forms can be submitted to our local office, by emailing ra-submit@haca.net, or by fax submission to 510-587-8236.

STEP #3 Your Healthcare or Knowledgeable Professional provides verification.

Upon receipt of the reasonable accommodation form, HACA staff will send a verification form to your healthcare or knowledgeable professional to complete.

HACA will make two attempts to obtain the verification from the healthcare or knowledgeable professional.

Alternatively, you may submit a letter from your healthcare or knowledgeable professional stating the type of accommodation you need and how it will support you.

STEP #4 HACA Staff will review your request.

HACA Staff will review your request along with the verification form. You will receive a decision letter by mail/email within ten (10) business days of receipt of the verification form. If your request for accommodation is denied, you will have the opportunity to appeal against the decision.

NOTE: THE REASONABLE ACCOMMODATION PROCESS MAY TAKE UP TO 45 DAYS DEPENDING UPON THE RESPONSIVENESS OF YOUR HEALTHCARE OR KNOWLEDGEABLE PROFESSIONAL.



REQUEST FOR REASONABLE ACCOMMODATION

Please DO NOT include any medical information, diagnosis, or send us any medical records.

Please provide information regarding the person who needs the accommodation(s). These details are important for HACA to evaluate the request.

Head of Household: _____ HACA Client#: _____

Phone: _____ Email address: _____

Status with Housing Authority

Participant/Tenant Applicant General Public

The person needing a reasonable accommodation is:

- Head of Household
- Family Member (name) _____
- Other (use for members of the public) _____

For HACA to consider your request for accommodation, we need to understand what accommodation you are requesting and how the accommodation relates to a disability.

Below is a list of common accommodation request types. Select the type of accommodation that can best assist you. If the accommodation you need is not listed below, select "Other" and use the space provided to state your specific request and why you need this accommodation.

REQUEST TYPES

Live-in Aide

(Describe why you need someone to live with you to provide around-the-clock care and assistance with activities of daily living.)

Why is this accommodation needed:

Separate bedroom for a Family Member or Medical Equipment/Supplies

(Describe how the disabled member benefits from having a separate bedroom, or to have a separate bedroom for medical equipment/supplies)

Why is this accommodation needed:



REQUEST FOR REASONBALE ACCOMMODATION

Please DO NOT include any medical information, diagnosis, or send us any medical records.

Exception to Payment Standards

(Explain how the features, location or amenities of this particular unit meet the needs of the disabled member)

Why is this accommodation needed:

Voucher Extension

(Explain how disabilities of your household members has kept you from locating a unit within the assigned voucher time)

Why is this accommodation needed:

Other: _____

(Examples: Communication needs, etc.)

Why is this accommodation needed:

VERIFICATION INFORMATION

Please list the name and contact information of the healthcare or knowledgeable professional who can verify the disability-related need for the accommodation.

Name: _____

Position: _____

Phone Number: _____

Fax Number: _____

Email Address (if available) _____

AUTHORIZATION TO RELEASE

I authorize the Healthcare or Knowledge Professional listed above to disclose relevant information to HACA regarding the need I have described above to have an equal opportunity to use housing or housing assistance administered by HACA.

I understand that HACA may, at its sole discretion, periodically reassess the need for any granted change, exception, or adjustment.

Signature of Member Requesting Accommodation (over age 18)

Date

Signature of Head of Household

Date