

PUBLIC HOUSING
REQUEST FOR REASONABLE ACCOMODATION OR PHYSICAL MODIFICATION

WINDSOR LOCKS HOUSING AUTHORITY
120 SOUTHWEST AVENUE
WINDSOR LOCKS, CT. 06096
(860)-627-1455

Request for Reasonable Accommodation or Physical Modification

(THIS FORM IS AVAILABLE IN LARGER FONT OR ALTERNATIVE FORMAT UPON REQUEST)
PLEASE PRINT CLEARLY

Head of Household: _____

Phone: _____

Address: _____

State/Zip: _____

Email Address: _____

Currently, I am:

- ☐ An applicant on the waiting list for
☐ State Public Housing ☐ Federal Public Housing

☐ Currently living in Public Housing

Household member who needs accommodation: _____

The household member above has a disability because they have a physical, mental or emotional impairment that limits one or more life activities or has a record of having such an impairment.

Please fill out all the following information regarding the individual who needs the accommodation(s). Please DO NOT submit medical records or tell us about the nature or severity of your disability.

The purpose of an accommodation is to remove or relieve a barrier posed by the disability related limitation. As a result of this disability, I am requesting the following reasonable accommodation(s) from the PHA for the disabled household member listed above.

Please answer the following questions

PUBLIC HOUSING
REQUEST FOR REASONABLE ACCOMMODATION OR PHYSICAL MODIFICATION

1. The person with a disability is requesting a **service or support animal**. Please answer the questions below.

1.a. Is the animal (a dog or miniature horse) required because of a disability?

☐ Yes. If "Yes", answer question 1.b. below.

☐ No. If "No, skip to question #2.

1.b. Has the animal been trained to do work or tasks that assist or help you with the limitation(s) posed by your disability? Some examples include guiding an individual who is blind or has low vision, pulling a wheelchair, fetching items, or alerting persons to impending seizures or other medical crises.

☐ Yes. (If readily apparent, skip question 1.c. If not readily apparent, go to question 1.c.)

☐ No. If "No, go to question #2.

1.c. What work or tasks has the animal been trained to do? Note that the PHA is not asking for proof or certification of training. **Do not provide medical information about the nature of your disability.**

2. ☐ As a result of this disability, the household member needs a support animal. Please note that verification by a healthcare professional may be required.

3. ☐ The household member needs a live-in aide. A daily in-home worker or rotating shifts are not equally effective as a reasonable accommodation. Please note that verification may be required.

4. As a result of this disability, the household member needs the following reasonable accommodation(s) from the PHA. Please check one or more boxes below.

☐ Special unit features ☐ Physical modifications to unit ☐ Physical modifications to common areas

☐ Transfer to another unit that meets my disability-related needs ☐ Other _____

☐ Extra bedroom for medical equipment. Please note that, if necessary, a PHA inspector may view the equipment to confirm that all sleeping and living spaces are not adequate as an accommodation.

If necessary, please explain what you need. **Do not provide information about the nature of your disability.**

PUBLIC HOUSING
REQUEST FOR REASONABLE ACCOMODATION OR PHYSICAL MODIFICATION

5. ☐ The household member needs a change in a rule, policy or procedure. (Note that fundamental requirements must still be met). Please specify the necessary change.

I understand that the information obtained by the PHA will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Under the lease and the PHA's Admissions & Occupancy Policy, the PHA requires that statements made and information provided by the tenant be true and accurate, to the best of the tenant's knowledge.

I certify by signing below that all the information provided above is true, accurate and complete to the best of my knowledge.

Signature

Date

For PHA Use ONLY: PHA Certification

☐ I certify that this individual's disability is obvious or otherwise known to the PHA and no further verification is required.

☐ I certify that this individual's need for the accommodation is readily apparent or known to the PHA and no further verification is required.

Signature of PHA Official

Date

Approval of PHA 504 Coordinator

Date

PUBLIC HOUSING
REQUEST FOR REASONABLE ACCOMODATION OR PHYSICAL MODIFICATION

AUTHORIZATION

I/we authorize the Housing Authority (PHA) to verify that the above-referenced household member has a disability and that the accommodation(s) requested is necessary in order to remove or alleviate barriers to housing. To verify this information, the housing authority may contact the below-named professional who is knowledgeable about my situation and competent to render a professional opinion. I understand the information the housing authority obtains will be kept completely confidential and used solely to evaluate the request.

This authorization is requested because third-party verification may be needed.

Name of Professional: _____

Field of Practice: _____ Agency/Clinic/Facility: _____

Email: _____ Phone: () _____

Address: _____

X Signature of Head of Household or authorized Guardian **

Date

**** If the family member needing the accommodation(s) is under 18 years of age, are you the parent or guardian of the household member?** ☐ Yes ☐ No

X _____
Signature of family member needing the accommodation (only if 18 years of age or older)

Date

Please return this form as promptly as possible so that the housing authority may make a determination on this request.

_____ PHA Representative	_____ Date
_____ Phone	_____ Email

PUBLIC HOUSING
REQUEST FOR REASONABLE ACCOMMODATION OR PHYSICAL MODIFICATION

Windsor Locks Housing Authority
VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION
PUBLIC HOUSING PROGRAM
Please do not send or attach medical records

Individual Requesting Accommodation _____

Name of PHA Head of Household: _____

Dear Knowledgeable Professional:

Please read this form completely – the information provided here is very important. The individual listed above has identified him or herself as being disabled under the Fair Housing Act and has asked for an accommodation from the (PHA) to meet housing-related needs necessary in order to remove, alleviate, or mitigate barriers to their housing or housing programs due to their disability-related limitations.

You have been authorized to release information to us regarding the individual's need for an accommodation. That authorization is attached.

PHA grants reasonable accommodation requests based, if necessary, on verification of need from a professional who is knowledgeable about the individual's situation and competent to render an opinion. Such verification may be from a physician, other medical or non-medical service agency professional, or other knowledgeable professional. Verification could include but not be limited to:

- Verification that the person is a qualifying person with disabilities.
- Verification that there is a direct relationship ("nexus") between the nature of the person's disabilities and the accommodation requested.
- Verification that the accommodation is necessary for the person to have equal opportunity to participate in or access the PHA's programs and services.

Please complete and return this form to the PHA. **Confidential medical records will not be accepted.**

If you are not able to verify the information requested in this form, the PHA will notify the family and they may request verification from another professional or licensed practitioner.

If you have any questions, or would like further information, please feel free to contact

WLHA Representative

Date

Title

Email

Phone

PUBLIC HOUSING
REQUEST FOR REASONABLE ACCOMODATION OR PHYSICAL MODIFICATION

Section I – Verification of Disability

- ☐ It is NOT necessary for you to fill out this Section. Please proceed to Section II.
- ☐ Please complete this Section before proceeding to Section II.

An “individual with a disability” is any person who has a physical, mental or emotional impairment that limits one or more life activities, such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism. The definition of an “individual with a disability” does not include a person whose current use of alcohol or drugs is the barrier that prevents the person from participating in PHA’s housing program and services. (A more detailed definition is provided in the Code of Federal Regulations at 24 CFR 8.3, which PHA staff would be glad to provide to you.)

Does the person named above qualify as an “individual with a disability,” according to this definition?

☐ Yes ☐ No ☐ Unable to verify Initials _____

PUBLIC HOUSING
REQUEST FOR REASONABLE ACCOMMODATION OR PHYSICAL MODIFICATION

Section II – Verification of Need for Requested Accommodation
Please do not include medical records

I am knowledgeable about this individual's situation.

☐ Yes ☐ No

Special Unit Feature Due to Disability

IMPORTANT: Please fill out this section if the disabled household member needs a unit, facilities and/or common area with specific features due to his or her disability.

The following information is requested solely for the purposes of identifying the unit (size, type, and design) that most appropriately meets the needs of the disabled household member. The PHA will make every effort to make the appropriate modifications or identify an appropriate unit based on your professional opinion and assessment.

Please check only those accommodations that are necessary due to limitations posed by the disability.

In my professional assessment of the disabled individual's needs, I certify that:

- ☐ The disabled household member needs a **wheelchair-accessible** unit
- ☐ The disabled household member needs features for the vision-impaired and/or hearing-impaired as specified _____
- ☐ The disabled household member DOES NOT need a wheelchair-accessible unit but needs a unit or common area with certain physical features. The features required are checked off below with an explanation given on the following page.
- ☐ Maximum number of stairs to reach the unit: _____
- ☐ Maximum distance to walk between the unit and nearest elevator _____
- ☐ A first-floor unit or a unit located in an elevator-equipped building is required.
- ☐ Single level unit ☐ Tub grab bars ☐ Toilet grab bars ☐ Handheld shower
- ☐ Other _____
- ☐ Extra bedroom for medical equipment Note: if necessary, a WLHA inspector may view the equipment to confirm that all sleeping and living spaces are not adequate as an accommodation.

The disabled household member requires a unit in a specific or alternative location due to a disability. Please explain what the alternative location is.

PUBLIC HOUSING
REQUEST FOR REASONABLE ACCOMODATION OR PHYSICAL MODIFICATION

Other

☐ The disabled individual **requires a live-in-aide**. A daily in-home worker or rotating shifts are not adequate to provide an opportunity equal to that afforded others.

☐ **Health care professional only:** The household member **needs a support animal as an assistance animal**. An assistance animal alleviates or removes a disability-related limitation. An example of an assistance animal is providing emotional support to persons with disabilities who have a disability-related need for such support.

☐ The household member **requires a change in policy or procedure as a direct result of their disability** in order to be afforded an equal housing opportunity. Please explain what change in policy or procedure is being requested.

PUBLIC HOUSING
REQUEST FOR REASONABLE ACCOMODATION OR PHYSICAL MODIFICATION

CERTIFICATION

Based on your professional opinion and assessment of needs, please **check only one** of the following:

☐ **I certify** that the enclosed request for an accommodation is necessary for the disabled household member, as a result of their disability-related limitations, in order to have an equal housing opportunity.

OR

☐ **I cannot** certify that the enclosed request for an accommodation is necessary for the disabled household member, as a result of their disability-related limitations, in order to have an equal housing opportunity

Please certify below:

☐ This certification is true and accurate to the best of my professional judgment.

Professional's Signature

Date

Name (Please Print Clearly)

Title of Professional

Agency or Clinic, if applicable

Complete Address

Phone

Fax

Email Address

Please return for to WLHA as soon as possible

ATTN: _____

Title: _____

Address: 120 Southwest Avenue, Windsor Locks, CT. 06096

(860) 627-1455 ext _____
Phone

(860) _____
Fax

Email