



REQUEST FOR A REASONABLE ACCOMMODATION / MODIFICATION FORM

If you or a member of your household is disabled and would like to request a reasonable accommodation or a reasonable modification, please complete this form. **The Authorization for Release of Information must be completed by each family member with a disability who needs the requested accommodation or modification.** PLEASE NOTE: BECAUSE A REASONABLE MODIFICATION INVOLVES A STRUCTURAL CHANGE MADE TO AN EXISTING PREMISES, HOUSTON HOUSING AUTHORITY IS ONLY ABLE CONSIDER REQUESTS FOR REASONABLE **MODIFICATIONS** ON PROPERTIES THAT IT OWNS OR CONTROLS. ACCORDINGLY, HOUSTON HOUSING AUTHORITY IS UNABLE TO CONSIDER REQUESTS FOR REASONABLE MODIFICATIONS IN THE HOUSING CHOICE VOUCHER PROGRAM. You may return this completed 4-page form to the Housing Specialist, Property Manager, or Legal Compliance Officer. If you would like assistance in completing this form, please contact the Houston Housing Authority Reasonable Accommodation Line by email at 504ADA@housingforhouston.com, by phone at 713-260-0353, or by fax at 713-260-0376.

Reasonable accommodation requests are processed in the order they are received by the Legal Compliance Officer. If additional information is required to process the request, the Legal Compliance Officer will notify the requester of the need for additional information in writing. **If the Legal Compliance Officer does not receive the requested information within twenty-one (21) calendar days from the date of the written request for information, the request for a reasonable accommodation or modification will be administratively closed.** Because this administrative closure is not a denial, if the requester submits the requested information after twenty-one (21) calendar days, the request for a reasonable accommodation will continue to be processed, but as a reasonable accommodation request as of the date that the requested information was received and in the order it was received with other requests.

Once the form is complete, the Legal Compliance Officer will send the medical verification form to the health care provider named on the Authorization for Release of Information on page four (4). **The determination on the request for a reasonable accommodation or modification is based on the health care provider's responses indicated on the medical verification form.** If the healthcare provider's verification is not received within sixty (60) calendar days from the date sought, the Legal Compliance Officer will administratively close the request for a reasonable accommodation due to lack of verification and notify the requester in writing. Because this administrative closure is not a denial, it will be without prejudice to the requestor either (1) making another request or (2) resubmitting alternate healthcare provider information along with a new release authorization permitting HHA to contact the alternate provider for verification purposes. The Houston Housing Authority will notify the requester seeking a reasonable accommodation or modification of such outcome in writing.

Please complete the following pages included herein:



Date: _____

Select One: Housing Choice Voucher Program (HCVP) Public Housing Applicant
 (For HCVP, Reasonable Accommodation requests only)

Name of Head of Household: _____

Name of Person with a Disability: _____

Head of Household's Social Security Number: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

1. Have you previously been approved for a Reasonable Accommodation/Modification by the Houston Housing Authority? Yes No

2. What medically necessary change or modification are you requesting that the Housing Authority make, as a reasonable accommodation, because of your disability? Please select all that apply.

- Separate Bedroom for Person with Disability
- Separate Bedroom for a Live-in-Aide
- Additional Bedroom to Store Medical Equipment
- Other (Please Explain Below)

3. If you are asking for an additional bedroom to store your medical equipment, please list all of your equipment.



4. If the Houston Housing Authority is unable to grant your requested accommodation or modification, what alternatives will you accept to suit your disability-related need?

Additional Documentation

If the reasonable accommodation request is for an additional bedroom for a live-in aide, you must submit the following documentation:

- 1) Live-in Aide Housing Agreement,
- 2) Criminal Background Check Release Form (for the live-in aide),
- 3) A copy of the live-in aide’s Texas photo identification card or driver’s license, and
- 4) A copy of the live-in aide’s social security card.

ATTENTION: DO NOT SUBMIT ANY MEDICAL RECORDS TO HOUSTON HOUSING AUTHORITY WITH THIS REQUEST. HOUSTON HOUSING AUTHORITY IS NOT SEEKING MEDICAL RECORDS AND EXPLICITLY REFUSES TO ACCEPT YOUR PRIVATE MEDICAL RECORDS.

Certification

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to knowingly and willingly make any materially false, fictitious, or fraudulent statement or representation to the Houston Housing Authority. I hereby certify that the information I have provided is true and correct.

Signature of Head of Household

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

On _____, I, _____,
(Today's Date) (Print the name of the person with a disability. If the person with a disability is a minor child, print the name of the minor child's parent.)

I have made a request for a reasonable accommodation or modification to the Houston Housing Authority based on my disability. I give you permission to share information with the Houston Housing Authority to verify that I am a person with a disability and to explain why I need the requested accommodation. I may withdraw this permission at any time. This Authorization does not allow the Houston Housing Authority to examine my medical records.

Information about the Person with a Disability

 Signature of Person with a Disability or
 Parent's Signature of Minor Child with a Disability

 Date of Birth (Person with Disability)

 Full Address

 Telephone Number

Information about the Health Care Provider (the person(s) to verify the disability and need for the requested accommodation). *Any missing field may delay the Houston Housing Authority from processing the reasonable accommodation or modification request. You may copy this page, as needed, if you wish to provide information for additional or alternate health care providers and authorization for HHA to verify the disability/need with the additional or alternate provider. Please fully complete each copy submitted.*

Select One:

Dr. Mr. Ms.

 Name of Health Care Professional

 Full Address

 Telephone Number

 Fax Number