ROSEVILLE HOUSING AUTHORITY

316 Vernon Street, Ste 150, Roseville, CA 95678
(916)774-5270 – Fax (916) 746-1295
(916) 774-5220 TDD • www.roseville.ca.us/rha

Reasonable Accommodation Verification Form

Name of person needing accommodation: _____

Current Address: _____

Reasonable accommodation/modification being requested for the person named above:

_____

_____

Describe the benefit of this accommodation: _____

_____

_____

The second page of this form should be completed by a medical professional or a professional employed by a peer support group or non-medical service agency to provide verification of the individual's disability.

Please provide the following information for the professional that will complete this form:

Name: _____

Address: _____

City, State, ZIP: _____

FAX: _____

RELEASE
(Do not sign this form until all spaces above are complete)

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Signature of person requesting accommodation:_____

(If adult signing for minor, state relationship: _____) Date: _____

Return to Roseville Housing Authority after completing top portion.
Form will be forwarded to the professional listed above.

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<u>The following portion is to be completed by professional listed above</u>

If an individual with disabilities requests an accommodation or modification, we must consider the request. We must verify that the individual qualifies as disabled under federal law and/or state law and requires the accommodation or modification in order to have an equal opportunity to use and enjoy the programs that we offer.

EQUAL HOUSING OPPORTUNITY

We would appreciate your cooperation in answering the questions on this form and returning it by mail or fax (916) 746-1295, to the Roseville Housing Authority. Consent for the release of information by the person requesting the accommodation is shown on the first page.

DEFINITION OF "DISABLED:"

Under federal and state law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such impairment.

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, Human Immunodeficiency Virus infection, mental retardation, emotional illness, bipolar disorder, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use (24 CFR Par 8.3, and HUD Handbook 4350.3[Exh. 2-2]).

INFORMATION REQUESTED:

IMPORTANT: Do NOT reveal the NATURE OR SEVERITY of the individual's disability.

1. Is the person requesting the accommodation disabled as defined on this page? ___ yes ___ no

2. In your professional opinion, does this person need the accommodations and/or modifications mentioned on the first page in order to have the same opportunity that a non-disabled individual has to use and access our program? yes no

If yes, please define how this accommodation/modification would benefit this person:

_____

_____

_____

3. In your professional opinion, would some other accommodation/modification also be effective for this person to have the same opportunity that a non-disabled individual has to use and access our program? yes no

If yes, please provide an example: _____

_____

_____

NAME AND TITLE OF THE PROFESSIONAL SUPPLYING INFORMATION:

Please Print _____

Name Title Phone number or email

Firm/Organization: _____

Signature: _____ Date: _____