

Request For Reasonable Accommodation

This form is to be used by an individual with a disability who is applying for housing assistance or who is currently a participant in the programs administered by DHA Housing Solutions for North Texas. This form is used to request an accommodation, i.e., a change, an exception, or an adjustment to a rule, policy, practice, or service, or a modification that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling.

This form should be completed by the applicant/participant with a disability, unless such individual is a minor or cannot complete the form as a direct result of his/her disability. In such case, the designee of the applicant/participant or the responsible adult may complete the form.

If you need assistance in filling out this form or communicating your request for a reasonable accommodation to DHA, notify a DHA staff member for assistance. For additional information, contact the Section 504/ADA Coordinator at 214-951-8348; or 7-1-1 Relay Texas Assistance; or at e-mail 504/ADA@dhadal.com.

Date of Request: _____

1. Head of Household Name: _____

Date of birth: _____ Phone: _____

Address: _____

2. Name of the individual with a disability requesting the accommodation:

Date of birth: _____ Phone: _____

Address: _____

Relationship to the Head of Household: _____

3. Name of the person filling out this form, if not the individual listed in nos. 1 and 2 above:

Relationship to the individual listed in no. 2 above: _____

4. I need the following accommodation as a result of my disability (be specific about what you need without disclosing the nature and extent of your disability/medical condition):

5. ***If you are requesting a live-in aide, you must answer the following questions:***

Full name of your prospective live-in aide:

Is your prospective live-in aide a current member of your household?

[] YES

[] NO

Note: DHA policy does not allow a current member of the household to serve as live-in aide for that household.

6. In response to a request for a reasonable accommodation, DHA may request reliable disability-related information that (1) is necessary to verify that the person has a physical or mental impairment that substantially limits one or more major life activities, (2) describes the needed accommodation, and (3) shows the relationship between the person's disability and the need for the requested accommodation.

For purposes of this verification process, provide the following:

Full name (first and last name) of a doctor or other medical professional, peer support group, non-medical service agency, or reliable third party who is in a position to know about the individual's disability and who may provide verification of a disability:

Title of this doctor or other medical professional, peer support group, a non-medical service agency, or reliable third party:

Complete mailing address of this doctor or other medical professional, peer support group, non-medical service agency, or reliable third party:

Telephone; fax number; and email address of this doctor or other medical professional, peer support group, non-medical service agency, or reliable third party:

Authorization for Release of Information:

By my signature below, I authorize DHA to contact the healthcare professional listed in #6 above to verify that I, or a member of my assisted family, have a disability and need the accommodation specified above in #4, which is needed as a direct result of this disability. I acknowledge that I am a person authorized to sign this release. I understand that the information to be obtained will be kept confidential and will be used solely for the purpose of determining if the accommodation I have requested can be provided.

Name (printed):

Signature: _____ Date: _____

The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.

Transmittal Page for Completed Request for Reasonable Accommodation

This page is to be completed by the DHA staff (Intake & Recertification, Public Housing, and Housing Choice Voucher Programs) working with the Housing Applicant or Participant (“Client”) requesting the reasonable accommodation. This page is for internal office use only.

Upon Client’s submission of a completed RRA form, DHA staff checks that the form has:

1. All names (first and last) of Head of Household, Individual with Disability requesting the accommodation, and other medical professional, peer support group, non-medical service agency, or reliable third party;
2. Client’s complete and accurate mailing addresses (street number, apartment unit number, city, zip code);
3. Clear statement of the accommodation being requested (e.g., live-in aide, bathroom safety bars, an additional bedroom for medical equipment, assistance animal);
4. Complete and accurate contact information of Client’s doctor or other medical professional, peer support group, non-medical service agency, or reliable third party who is in a position to know about the individual’s disability and who may provide verification of a disability (mailing address, telephone number, fax number) and this person’s professional title (M.D., D.O., N.P., QMHP, others), if any;
5. Client’s signature and date on the Authorization for Release of Information.

Name of the Head of Household making this request:

Client number:

Name of the individual requesting the accommodation:

The client requesting this accommodation is a Public Housing:

Applicant Resident

The client requesting this accommodation is a Housing Choice Voucher:

Applicant Participant Walker YES NO

Printed name and signature of the DHA staff submitting this RRA:

