



NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

(Confidential Information. This information will not be disclosed or released, except as permitted by law.)

If you have a disability (disability may include physical, mental or other) and need:

- ◆ a change in our policies or procedures
- ◆ a change in the way we communicate with you or give you information, for example, appropriate auxiliary aids, Oregon Relay 711, qualified sign language interpreters for persons with speech or hearing impairments, or alternate format for vision impairment.

You can ask for this change, which is called a "REASONABLE ACCOMMODATION"

If you can show that you have a disability and if your request is reasonable, you can ask for this change. If you would like the owner of your apartment to make modifications in your apartment or to some other part of the property to accommodate a disability, let us know. We can make reasonable attempts to negotiate with the owner to make such modifications.

If your request is reasonable and if it is not too difficult to arrange, we will try to make the changes you need.

We will make a decision as soon as possible, at least within thirty (30) days, unless you agree to an extension of time. We will let you know if we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision, and you may give us additional information.

If you need help in filling out a REASONABLE ACCOMMODATION REQUEST FORM, or if you want to give us your request in another way, we may be able to help you.

The Linn-Benton Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, familial status, or physical or mental disability. The person responsible for insuring compliance with civil rights, and Section 504 regulations is the Executive Director of the Linn-Benton Housing Authority. He/She may be reached at (541) 926-4497.

REASONABLE ACCOMMODATION REQUEST FORM IS ATTACHED.

REQUEST FOR REASONABLE ACCOMMODATION

(Confidential Information. This information will not be disclosed or released, except as permitted by law.)

Name:	Telephone:
Address:	

① The following member of my household has a disability: _____

② Please provide the following change or changes so that the person listed above may fully access and utilize the housing programs.. **Check (✓) the kind of change(s) you need.**

☐ A change in the following policy or practice or the way you do things.

Please tell us what you need:

☐ Other: _____

③ I need this reasonable accommodation because:

④ You may verify the need for this request by contacting:

Name:		
Address:		Phone:

I give you permission to contact the above individual for purposes of verifying that a family member or I need the reasonable accommodation requested.

Applicant/Participant Signature: 	Date:
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OFFICE USE ONLY (do not write below this line)

Summary of Reasonable Accommodation Approved:	Date/Initials:
Notification Details:	Date/Initials:
	Logged: <input type="checkbox"/>

VERIFICATION FOR REASONABLE ACCOMMODATION

The following program participant has requested a reasonable accommodation to the Housing Authority's rules, policies, procedures or practices (See reverse side of this form.) It is necessary that a qualified professional complete this form to verify the need for the specific accommodation requested

Disabled family member: _____

1. Qualification of person verifying need for reasonable accommodation:

I, _____, am a _____ professional and have the following certification or qualification: _____

2. Nature of contact the professional has had with the person making the request:

I have treated the above client since ____/____/____ for a mental or physical condition. I have evaluated and/or treated the above client _____ times in the last twelve months.

3. Disability verification. An individual with a disability is any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment. This may include, but is not limited to, diseases or conditions such as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, developmental disabilities, mental illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

Does the above family member meet this definition?

☐ Yes ☐ No

4. Is the requested accommodation (see question 2 on the reverse side of this form) necessary in order to afford him/her the opportunity for full use and enjoyment of the program? ☐ Yes ☐ No

5. IMPORTANT. Describe how the accommodation that the client is requesting is necessary to afford him/her the opportunity for full use and enjoyment of the program. Please relate the requested accommodation to the limitation(s) caused by the disabling condition. There must be an identifiable relationship between the request and the disability unless obvious or otherwise known.

(WARNING: According to 18 USC Part 1, Chapter 47, Section 1001: It is against the law to knowingly provide false information or fraudulent statements regarding participants in federally assisted housing programs. Persons providing such false/fraudulent information or statements are subject to fine, or imprisonment, or both).

Signature of qualified professional: _____ Date: _____

Phone number: _____