



# HOUSING AUTHORITY

of the City of Beaumont, Texas

## HOUSING CHOICE VOUCHER (SECTION 8) REQUEST FOR REASONABLE ACCOMMODATION

### Interpreter Services

You have the right to an interpreter at no cost to you. Please point to your language. An interpreter will be called. Please wait.

Albanian

#### Shqip

Keni të drejtën për përkthyes falas gjatë vizitës mjekësore. Ju lutem tregohi me gisht gjuhën që flisni. Ju lutem prisni, do t'ju gjejmë një përkthyes për vizitën mjekësore.

Amharic

#### አማርኛ

የሌሎችን ጭነት አስተርጓሚ የማግኘት ሙብት አለዎት። የሚናገሩትን የሚረዱበትን ቋንቋ በመጠቀም ያመልክቱ። አስተርጓሚ አስገጠራ ድረስ አብዛኛ ይታገቡ።

Arabic

#### عربي

يحق لك الحصول على خدمات ترجمة فورية دون أي مقابل. يرجى منك أن تشير بإصبعك إلى لسانك كي نستدعي المترجم المعني. يرجى منك الانتظار لحين استدعاء المترجم.

Armenian

#### Հայերեն

Դուք ունեք արձագանքի անհատական լեզվային անձնակազմի օգնությունը: Խնդրում ենք ցուցնել ձեր լեզուն և արձագանքի անձնակազմին: Խնդրում ենք սպասել:

Bengali

#### বাংলা

আপনার অধিকার রয়েছে বিনামূল্যে একজন পোশাবী পাওয়ার। অনুগ্রহ করে আপনার ভাষা কোনটা তা সেখানে দিন। একজন পোশাবীকে ডাকা হবে। অনুগ্রহ করে অপেক্ষা করুন।

Cape Verdean Creole

#### Criolu di Cabu Verdi

Nhós tem direito a um intérprete gratuito di nhós língua. Mostra qual qué nhós língua pa nó podi tchoma intérprete. Nhós aguarda um momento, por favor.

Haitian Creole

#### Kreyòl Ayisyen

Ou gen dwa a yon entèprèt gratis. Tanpri montre nou lang pa w la. N ap réle yon entèprèt pou ou. Tanpri ret tann.

Hebrew

#### עברית

יש לך זכות להשתמש בשרותיו של מתורגמן ללא תשלום. אנא הצבע על השפה שלך. מיד ניצור קשר עם מתורגמן. אנא המתן.

Hindi

#### हिन्दी

आपको नि:शुल्क दुभाषिया (अनुवादक) प्राप्त करने का अधिकार है। कृपया अपनी भाषा की ओर इशारा करें। एक दुभाषिया (अनुवादक) को बुलवाया जाएगा। कृपया प्रतीक्षा करें।

Hmong

#### Hmoob

Koj muaj cai txais kev pab txhais lus dawb tsis them nyiaj. is nov. Mam hu tus txhais lus.

Italian

#### Italiano

Avete diritto ad un interprete. Il servizio è gratuito. Indicate la vostra lingua e attendete; un interprete sarà chiamato al più presto.

Japanese

#### 日本語

通訳を無料でご利用になれます。該当する言語を指示して下さい。通訳を手配いたしますのでお待ち下さい。

Khmer

Russian

#### Русский

Вы имеете право на услуги бесплатного переводчика. Назовите, пожалуйста, свой язык. Медицинский переводчик будет вызван. Пожалуйста, подождите.

Serbo-Croatian

#### Srpsko-Hrvatski jezik

Vi imate pravo na besplatnog prevodioca. Molimo vas da pokazete na vas govorni jezik. Lagan prevodilac ce biti pozvan. Hvala i molimo vas da sacekate.

Somali

#### Soomaali

Waxaad xaq u leedahay in tarjumaan lacag la'aan ah laguugu yeero. Fadlan farta ku fiq luqaddaada. Tarjumaan ayaa laguugu wacayaa. Ee fadlan sug!

Spanish

#### Español

Usted tiene derecho a un intérprete gratis. Por favor, señale su idioma y llamaremos a un intérprete. Por favor, espere.

Swahili

#### Swahili

Ni haki yako kuwa na mtafsiri bila malipo yoyote. Tafadhali chagua lugha yako kati ya hizi. Mtafsiri ataitwa. Tafadhali ngoja.

Tagalog

#### Tagalog

Ikaw ay may karapatan na magkaroon ng tagapagsalin na walang bayad. Ituro ang iyong wika. Ang tagapagsalin ay tatawagin. Maghintay.

Thai

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

### PLEASE PRINT CLEARLY

Head of Household: \_\_\_\_\_ TDD/Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Currently, I am:

- An applicant on the waiting list for The Housing Choice Voucher (Section 8) Program
- Currently a participant in the Housing Choice Voucher (Section 8) Program

Household member who needs accommodation: \_\_\_\_\_



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**Please fill out all the following information regarding the person who needs the accommodation(s). It is important for you to provide this detail in order for the Housing Authority of Beaumont to best evaluate this request. Please DO NOT submit medical records.**

**BHA can assist with completing this form. If you need assistance, contact the ADA/504 Coordinator at 409-951-7251 or email at [hcs03@bmtha.org](mailto:hcs03@bmtha.org).**

As a result of this disability, I am requesting the following reasonable accommodation(s) for the disabled Household Member listed above. Please check one or more boxes below.

A live-in aide is necessary to afford the Household Member equal use and enjoyment of the dwelling unit. Please answer the following question. Use the space below and additional paper if needed.

A daily in-home worker, or rotating shifts, are not equally effective as a reasonable accommodation because:

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A change in the following rule, policy or procedure. (Note that fundamental requirements must still be met). Please specify the necessary change. Attach additional pages if necessary. \_\_\_\_\_

An additional bedroom for use medical equipment to be stored or for any other reason: \_\_\_\_\_

A unit with special features such as: full accessible, no stairs, hearing impaired, vision impaired or other:

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Other (for example, a change in the way PHA communicates with you). Please specify the necessary change. Attach additional pages if necessary. \_\_\_\_\_

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The purpose of an accommodation is to remove or relieve a barrier posed by the disability-related limitation. The disabled Household Member needs this reasonable accommodation(s) because (you may attach additional pages if necessary): \_\_\_\_\_

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

**FRAUD AND FALSE STATEMENTS**

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the United States Government, including the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.



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## AUTHORIZATION

I/we authorize the Housing Authority of Beaumont to verify that the above-referenced Household Member has a disability and needs the reasonable accommodation(s) requested. To verify this information, the HA may contact the below-named physician, psychiatrist, licensed psychologist, licensed nurse-practitioner, licensed social worker, rehabilitation professional, or non-medical service agency whose function is to provide services to persons with disabilities. I understand the information PHA obtains will be kept completely confidential and used solely to evaluate the request.

This authorization is requested because third-party verification may be needed. Be advised that you may submit any supporting documentation directly to PHA rather than having PHA contact your provider, in order to evaluate your request.

Name of Provider: \_\_\_\_\_ Field of Practice: \_\_\_\_\_

Agency/Clinic/Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

X \_\_\_\_\_  
Signature of Head of Household or authorized Guardian \*\* Date

**\*\* If the Household Member needing the accommodation(s) is under 18 years of age, are you the parent or guardian of Household Member needing the accommodation?  Yes  No**

X \_\_\_\_\_  
Signature of Household 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 of the City of Beaumont may make a determination on this request.**

\_\_\_\_\_  
Housing Specialist Date Received Request

\_\_\_\_\_  
Phone Number Fax Number Email Address

\_\_\_\_\_  
Date Given To 504 Coordinator Result of Request For Accommodation



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## **Information Request from Health Care Professional**

**PLEASE DO NOT INCLUDE ANY MEDICAL DIAGNOSIS ON PATIENT**

Does your client meet eligibility requirements for a live-in aide (does he/she have a physical or mental impairment that substantially limits one or more major life activities, or is he /she 50 years of age or older)?

- YES
- NO

### **A. Live-in aide request:**

In reviewing the client's file is it your professional opinion the live-in aide is necessary to afford the client an equal opportunity to use and enjoy the unit?

- YES
- NO

A daily in-home worker would not be an equal alternative accommodation because (please explain): \_\_\_\_\_

### **B. Extra Bedroom Request Needed**

It is my professional opinion that the client does require an additional bedroom for:

- A Live-in Aide
- Medical equipment or assistive device
- Other reason (please explain): \_\_\_\_\_

### **C. Extra Bedroom Request Not Needed**

It is my professional opinion that the client does not require an additional bedroom because:

- Necessary service could be provided through another accommodation
- Client does not meet the definition of a disabled or near-elderly person
- Medical equipment could be used/stored in a place other than an additional bedroom

### **D. Request for a Special Type of Unit**

Unit with special features: no stairs, fully accessible, vision impaired, hearing impaired or other:

- Unit with no stairs
- Hearing Impaired
- Vision Impaired
- Other reason (please explain): \_\_\_\_\_

Name of Health care Provider (please print) \_\_\_\_\_

Signature Date \_\_\_\_\_

Title License# \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Please submit these documents to the ADA/504 Coordinator Jennifer Perez at 409-951-7251 phone, 409-951-7270 fax, or email [hcs03@bmtha.org](mailto:hcs03@bmtha.org).