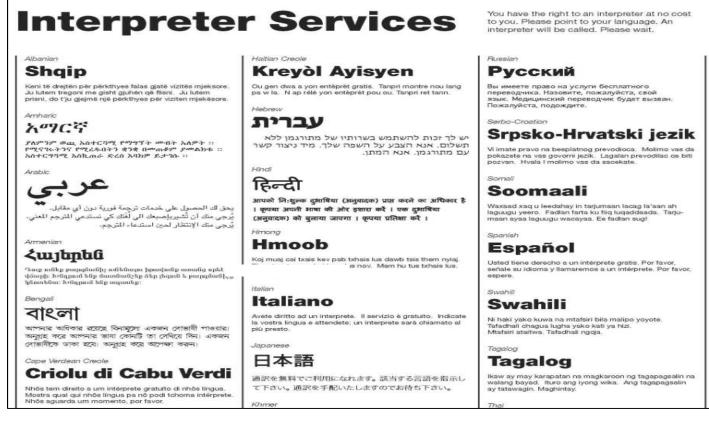


HOUSING CHOICE VOUCHER (SECTION 8) REQUEST FOR REASONABLE ACCOMMODATION



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

PLEASE PRINT CLEARLY

Head of Household:

TDD/Phone:

State/Zip:

Address: _____

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:



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 <u>hcs03@bmtha.org</u>.

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:

□ 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:

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

□ 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):

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.



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-practioner, 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	Field of Practice:	
Agency/Clinic/Facility:				
)	
X				
X Signature of Head of Household or authorized Guardian **			Date	
guardian of Household	l Member needing the accom	nodation? 🗖 Y	r 18 years of age, are you the parent or Zes □No	
(only if 18 years of age or	s promptly as possible so tha		Date Authority of the City of Beaumont may	
Housing Specialist		Ľ	Date Received Request	
Phone Number	Fax Number	E	mail Address	
Date Given To 504 Coordinator		R	esult of Request For Accommodation	
1890 Laurel Street 🔹 Beaum	ont, TX 77701 • (409) 951-7200 •	(409) 951-7270-fa	x A FAIR HOUSING AND EQUAL EMPLOYMENT	



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)?

- \Box YES
- \Box 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?

 \Box YES

 \Box 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:

- \Box 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:

- $\hfill\square$ 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:

- \Box 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 <u>hcs03@bmtha.org</u>.