Brian P. Kemp
Governor

Georgia® Department of Community Affairs

Christopher Nunn
Commissioner

REASONABLE ACCOMMODATION REQUEST FORM

Before providing a reasonable accommodation, DCA must determine initially and then yearly if the person meets the definition of a person with disability, their disability has not been deemed permanent by a knowledgeable professional, and the accommodation will enhance the access to DCA's programs and services.

SECTION 1: TO BE COMPLETED BY THE HOUSING CHOICE VOUCHER (HCV) APPLICANT OR PARTICIPANT:

Please check one: ____HCV Applicant ____HCV Participant

Head of Household Name: _____

Address:_____City/State/Zip Code: _____

Phone/Cell Number: _____

Reasonable Accommodation request completed on behalf of: (Check one of the following:)

_____Head of Household _____Family Member: _____
(Family Member Name)

The individual, named above, who needs the reasonable accommodation, meets the definition of an individual with a disability as stated on page three. _____Yes _____No

Describe the type of accommodation or unit modification requested for the disabled individual:

_____

_____

_____

I authorize the physician/health care provider/person with knowledge of the disability named below to release the specific information requested on the next section of this form to the Georgia Department of Community Affairs to verify my request for reasonable accommodation.

Name of the person verifying disability:_____

Street address: _____

City/State/Zip Code:_____

Phone Number: _____ Email: _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or representative of the U.S. Government, punishable by a fine not to exceed $250,000 and/or imprisonment of not more than 5 years.

Signature:_____ Date: _____
(Signature of Applicant/Participant)

SECTION 2: THIS SECTION IS TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Section 504 of the Rehabilitation Act of 1973 allows Housing Choice Voucher Programs to obtain confirmation that the reasonable accommodation request is consistent with the patient/client's disability. Disability is defined on page three of this form.

Please provide the following information concerning your patient's request for a reasonable accommodation. **Please note that this is not a request for medical records or detailed information about the disability.** Please limit your remarks to describing functional limitations and to confirming that the accommodation requested is relevant to this patient/client's case.

As a medical or health care provider with knowledge necessary to make such a determination. I, _____, of _____

(Name of Physician/Health Care Provider) **(Name of institution or agency)**

located at: _____ certify that

(Street Address, City & Zip Code)

_____ qualifies as an individual with a disability as defined on the third

(Name of individual with disability)

page of this form and that the accommodation(s) the patient identified on this form is/are consistent with his/her needs associated with his/her disability.

The disability is: ____ **Temporary** (less than 12 months) ____ **Permanent** (more than 12 months)

The functional limitation(s) caused by said disability is/are: **(DO NOT PROVIDE DIAGNOSIS)** _____

_____

_____

Describe the type of accommodation or unit modification needed is: _____

_____

How does the change in the accommodation or unit modification alleviate the functional limitation so that the member can have equal, not superior, housing opportunity? _____

_____

_____

_____

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Signature of Physician or Health Care Provider: _____

License #: _____ Date: _____

SECTION 3: DEFINITIONS

Assistive Animals: Animals that serve as a reasonable accommodation for persons with disabilities by assisting those individuals in some identifiable way by making it possible for them to make more effective use of their housing.

Disability: According to the Fair Housing Act amended in 1989 and Section 504 of the Rehabilitation Act of 1973-as amended, a person with a disability includes any person who has:

- Physical or mental impairment(s) that substantially limits one or more major life activities;
- Has a record of having such impairments; or
- Is regarded by others as having such impairments.

Examples include, but are not limited to: visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction, and alcoholism. Does not include current, illegal use of, or addiction to, a controlled substance as defined in Section 2 of the Controlled Substance Act, 21 U.S.C. 802.

Live-in aide: A person who resides with one or more elderly persons, near elderly persons, or persons with disabilities and who is 1) determined to be essential to the care and well-being of the persons, 2) is not obligated for the support of the persons, and 3) would not be living in the unit except to provide the necessary supportive services. The live-in aide must be identified by the family and approved by the Housing Authority (24 CFR Section 5.403)

Reasonable Accommodation: A reasonable accommodation is a slight change in procedure or policy or structural modification that enables a person with disabilities to take full advantage of the same housing opportunities as others.

SECTION 4: RETURNING THIS FORM

Once completed, this form must be returned to your designated Regional Office, see below. Failure to provide the documentation may subject you to delays in completing your tenancy or recertification.

- Georgia Department of Community Affairs – Norcross
  1854 Shackleford Ct, Suite 400 Norcross, GA 30093
  Fax: (770)806-5060

- Georgia Department of Community Affairs – Waycross
  500 Alice Street Waycross, GA 31501
  Fax: (912)285-6367