Brian P. Kemp Governor

Signature:



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: City/State/Zip Code: Address: 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 Type of accommodation or unit modification requested for the disabled individual: ☐ Adding a Disabled Family Member ☐ Increase in Payment Standard ☐ Extra Bedroom ☐ Adding a Live-In Aide 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.

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(Signature of Applicant/Participant)

Date: _____

REASONABLE ACCOMMODATION REQUEST FORM

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.

	(Name of institution or agency)
(Name of Fifysician) fleath care Frovider)	(Name of institution of agency)
located at:	certify that
(Street Address, City	y & Zip Code)
•	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 pahis/her needs associated with his/her disability.	atient identified on this form is/are consistent with
The disability is: Temporary (less than 12 months	s) Permanent (more than 12 months)
The functional limitation(s) caused by said disability is/a	re: (DO NOT PROVIDE DIAGNOSIS)
Describe the type of accommodation or unit modification	on needed is:
How does the change in the accommodation or unit mo that the member can have equal, not superior, housing	
PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 o knowingly and willingly making false or fraudulent statements to punishable by a fine not to exceed \$250,000 and/or imprisonmen	any department or representative of the U.S. Government,
Signature of Physician or Health Care Provider:	

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REASONABLE ACCOMMODATION REQUEST FORM

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

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