



homeforward

hope. access. potential.

REQUEST FOR REASONABLE ACCOMMODATION

Note: This form may be submitted to Home Forward at any time. If you need Assistance with this form or have any additional questions, please contact Home Forward at (503) _____. (Site, Intake, or SC8 Program Staff)

Date of Request Social Security #

Name of Applicant/Resident/Participant Phone #

Address City / State / Zip

1. Reasonable accommodation requested: _____
What

2. Reasonable accommodation requested for: _____
Household Member Name

3. Reason for requesting this accommodation: _____
Why

4. Provide independent verification from your doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency, with verification of the existence of your disability. [See other side of this form]

5. Case manager's name is _____ @ _____
Contact him/her regarding any concern re: this request. Phone

6. I certify that the information in this Request for Reasonable Accommodation is true and accurate. I give Home Forward permission to talk with my physician or licensed professional about my disability and reasonable accommodation request.

Signature of Applicant/Resident/Participant

Please return this form to: _____
Home Forward

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$250,000 and/or imprisonment of not more than 5 years.

Important: This side of the form may only be completed by a Doctor or licensed professional.
This side may not be completed by Applicant, Resident or Participant.

REASONABLE ACCOMMODATION VERIFICATION

Independent verification to be completed by a doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency.

Explanation: Home Forward is required by law to provide reasonable accommodations to disabled applicants, residents, and participants that will facilitate their ability to function and provide equal opportunity to use and enjoy our housing programs. Applicable federal and state law defines "disability," with respect to the individual, as: (1) a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) a record of having such an impairment; (3) being regarded as having such an impairment; but such term does not include current, illegal drug use or addiction to a controlled substance. Major life activities are defined as functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

_____ due to disability, has the following functional limitations:

Name

and requests that Home Forward provide the following reasonable accommodations to give equal access to housing. An explanation of why each accommodation is needed is included: (Use additional sheet, if necessary)

Accommodation
Specific Request

Relationship – Why Accommodation is Necessary to Assure
Equal Housing Access. (This section must be completed. Use
additional pages, if necessary.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature

Date

Printed Name

Phone #

Professional Title

Fax #

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Address

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