



CITY OF INGLEWOOD

Housing and Section 8 Programs



REASONABLE ACCOMMODATION POLICY AND NOTICE OF RIGHT TO REQUEST A REASONABLE ACCOMMODATION

A participant or applicant with a disability must first ask for a specific change to a policy or practice as an accommodation of their disability. The Inglewood Housing Authority's (IHA) policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon written request, so that they may fully access and utilize the housing program and related services. This policy is intended to afford persons with disabilities an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as those who do not have disabilities.

To be eligible for a reasonable accommodation, the IHA must first certify (if apparent) or verify (if not apparent) via reasonable accommodations forms, that they are a person with a disability under the following ADA definitions:

- A physical or mental impairment that substantially limits one or more of the major life activities of an individual;
- A record of such impairment; or
- Being regarded as having such an impairment.

If the family meets the above definition, they must first complete the Request for a Reasonable Accommodation form found on the reverse side of this page. Once completed, it must be submitted to the IHA.

Once the person's status as a qualified person with a disability is confirmed, the PHA will require that, a professional third party who is competent to make the assessment provide written verification that the person needs the requested accommodation due to their disability and the change is required for them to have equal access to the housing program. **Diagnosed ailments and specified disabilities should not be disclosed to the IHA.**

If the IHA finds that the requested accommodation creates overcrowding and undue administrative or financial burden, the IHA will deny the request and try to present an alternate accommodation that will still meet the needs of the person.

An undue administrative burden requires a fundamental alteration of the essential functions of the PHA.

An undue financial burden is one that, when considering the available resources of the agency as a whole, the requested accommodation would pose a severe financial hardship on the PHA.

The IHA will provide a written decision to the person requesting the accommodation within a reasonable time. If a person is denied the accommodation or feels that the alternative suggestions are inadequate, they may request a review to appeal the decision.

Reasonable accommodation will be made for persons with a disability who require an advocate or accessible offices. A designee will be allowed to provide some information, but only with the permission of the person with the disability.

All IHA mailings will be made available in an accessible format upon request, as a reasonable accommodation.

NOTE: Incomplete forms will result in delayed processing of the request.

VERIFICATION OF DISABILITY

The PHA will verify disabilities under definitions in the Fair Housing Amendments Act of 1988, Section 504 of the 1973 Rehabilitation Act, and the Americans with Disabilities Act.

If you have any questions, please call your Housing Specialist at the Inglewood Housing Authority at (310) 412-5221.

**REQUEST FOR A REASONABLE ACCOMMODATION-
THIS FORM TO BE COMPLETED BY THE PATIENT,
NOT THE DOCTOR!**

Head of Household: _____ Date: _____

Home Telephone: _____ Cell Phone: _____

Address: _____

The following household member, _____ has a disability that meets the following definition: **Disability: Physical or mental impairment that substantially limits one or more major life activities; a record of having such impairment; or being regarded as having such impairment.**

Does the household member referenced above currently receive In-Home Supportive Services (IHSS)?
 ___ Yes or ___ No. If yes, name of Caregiver _____ Hours per Month _____

Please check the accommodation(s) requested and how they relate to a disability meeting the above definition? (PLEASE **DO NOT** LIST ANY DIAGNOSED AILMENT(\$) OR DISABILITIES)

- ☐ Live In Attendant (Name) _____
- ☐ Home Visit _____
- ☐ Bedroom for Medical Equipment (list equipment) _____
- ☐ _____
- ☐ Other (Specify) _____

Please state the licensed physician and/or medical care provider whom the IHA will contact to verify the need for the accommodation requested. (This is the individual providing professional services relating to the disability). This section is to be completed by the participant, not the doctor.

Name of Healthcare Professional:			
Title/Position:			
Address, City, State, and Zip Code:			
Telephone:		Fax:	

The Inglewood Housing Authority will mail a verification form to the aforementioned person. Participants cannot hand-deliver verification forms. Hand-delivered forms will not be accepted.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the medical provider listed above to disclose relevant information to the Inglewood Housing Authority regarding the need for a reasonable accommodation: I understand the information the Housing Authority obtains is kept confidential and used solely to determine if an accommodation should be provided.

PATIENT INFORMATION: This section is to be completed by our client, not the doctor.

Patient's Signature:			
Print Name:			
Date:		Patient's Chart Number:	
Social Security No:		Date of Birth:	