



Request for Reasonable Accommodation/Modification
SECTION 8 CLIENT Completes and Gives to Medical Professional with the
Verification Form and returns to 504 Coordinator: Ms. Toni Karter Tonikar@clackamas.us or faxes 503-655-8676

If you, or a member of your household, are disabled, and would like to ask the Housing Authority of Clackamas County (HACC) for an accommodation to its rules or practices to have equal use and access to HACC programs, please complete this form and return it to HACC.

Check all items that apply and explain fully. Attach a separate sheet if you need more space. If you cannot fill out this form yourself, and need assistance please contact your Property Manager or Occupancy Specialist.

Please keep copies of all documents that you submit to your housing provider.

Name of Head of Household: _____

Current Address: _____

Phone: _____

The person(s) who has a disability requiring a reasonable accommodation and/or modification is:

- Myself
- A person in my household

Name of person with disability: _____

By completing this form the Requester certifies that:

1. **Disabled?** Yes or No
2. **The disability affects or limits their activities in the following ways:**

3. I need the following accommodation or modification:

Please provide the name, telephone number and address of a medical or social service professional who can verify your need for reasonable accommodation/modification:

Name:	
Address:	
Telephone:	

RELEASE OF INFORMATION

I give my permission for the Housing Authority of Clackamas County to verify my request for reasonable accommodation with the medical/social service professional listed above.

Signature of person requiring accommodation:

Date

Print Name

Healthy Families. Strong Communities.

P.O. Box 1510, 13930 S. Gain Street, Oregon City, OR, 97045-0510 • Phone (503) 655-8267 • Fax (503) 655-8676
TDD 503-655-8639 www.clackamas.us/housingauthority

The Housing Authority of Clackamas County does not discriminate on the basis of race, color, national origin, religion, sex, disability or familial status in admission or access to its programs. If you need to request a reasonable accommodation, contact your Property Manager or Occupancy Specialist at 503-655-8267.





Verification Completed by Medical Professional
Need for Reasonable Accommodation

Return to 504 Coordinator: Toni Karter Tonikar@clackamas.us or fax 503-655-8676 or mail PO Box 1510, Oregon City, OR 97045

Name of Individual: _____

1. How well do you know the person making the request?

Please describe the nature and extent of your knowledge about the person named above and why you are qualified to make the assessments about him or her that this form seeks. If you provide medical or other services to the person, please state how long you have done so and in what capacity.

[Empty text box for response]

2. Assessment of the person's Disability.

Below you will see the legal definition of disability. Please check the box to indicate your professional opinion of whether or not the person is disabled under the legal definition.

- I. A sensory, mental, or physical impairment that is medically cognizable or diagnosable. "Impairment" includes a physiological disorder, cosmetic disfigurement, anatomical loss affecting one or more of several specified body systems, and mental, developmental, traumatic, and physiological disorders.
- II. A physical or mental impairment which substantially limits one or more major life activities; as a record of such an impairment; or being regarded as having such an impairment/ A major life activity means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

- The person **IS** disabled under this definition.
- The person **IS NOT** disabled under this definition.
- I do not have enough information or training to make this assessment.

3. Assessment of Necessity.

The person is requesting the accommodation/modification(s) I list below. Please indicate your professional opinion whether the accommodation/modification is **necessary** to allow the person equal access to the services in question for reasons related to the disability you believe the person to have.

Requested Accommodation/Modification:

[Empty text box for requested accommodation/modification]

For the Requested Accommodation, please check only one:

<input type="checkbox"/> Necessary	<input type="checkbox"/> Alternatives Available ie: NOT Necessary	<input type="checkbox"/> Beneficial but NOT Necessary	<input type="checkbox"/> NOT Beneficial NOT necessary	<input type="checkbox"/> Lack Enough Information to Say
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Explain basis for your assessment/comments; describe any alternatives;

4. Do you recommend this type of accommodation for individuals with similar impairments?

Yes No

5. If no, please explain:

6. If necessary, would you be willing to testify under oath to the information provided on this form?

Yes No

Name and address of person completing form:

Signature: _____

Printed name: _____

Position: _____

Address: _____

Telephone: _____

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to knowingly and willfully provide a materially false statement or representation on this form.

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NOTICE OF THE AVAILABILITY OF REASONABLE ACCOMMODATIONS

Housing Choice Voucher Program – 504 Coordinator: Ms. Toni Karter

The Housing Authority of Clackamas County (HACC) is committed to the equal treatment of all persons, and believes that no qualified individual with disabilities should, solely on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any of our programs.

HACC will provide “**reasonable accommodations**” to applicants and participants of the HACC’s Housing Choice Voucher program. A reasonable accommodation is some modification or change HACC can make to its policies or procedures that will assist an otherwise eligible person with a disability to attain equal participation in HACC’s programs. If you or a family member have a disability and you need:

- ◆ A change in our policies or procedures; or
- ◆ A change in the way we communicate with you,

you may ask for a “**reasonable accommodation**”, by completing and submitting a “***Request For A Reasonable Accommodation***” form. If you need help in filling out this form, or if you want to give us your request in some other way, we will help you. You may get a “***Request For A Reasonable Accommodation***” form at our office or from your Occupancy Specialist.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within 14 days of receipt of your request unless there is a problem getting the information we need or unless you agree to an extension of time. We will let you know if we need more information or verification from you, or if we would like to discuss with you other possible ways of meeting your needs.

If we turn down your request, we will explain the reason(s), and you can give us additional information if you think that will help.

Under the Housing Choice Voucher program, if you or a family member have a disability and you need some modification to the rental unit or other part of the property, the owner must allow you to make or have the accommodation made, with certain conditions, in accordance with the Fair Housing Amendments Act of 1988. If you need help in making your request to the owner HACC will assist you. We may also be able to negotiate with the owner to make modifications in exchange for a higher rent. Additionally, we will provide you with the names of any known landlords with accessible units and will take the disability into consideration when evaluating a request for a Voucher time extension.