Housing Authority of the County of Alameda

22941 Atherton Street, Hayward, CA 94541-6633
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REQUEST FOR A REASONABLE ACCOMMODATION

Instructions: Complete this side of this form if you, or a member of your family, is a person with a disability and you wish to request a change, exception, or adjustment in a Housing Authority of the County of Alameda (HACA) rule, policy, practice, or service in order to have an equal opportunity to use housing or housing assistance administered by HACA.

If you need assistance completing this form, please contact your HACA representative.

1. Family member, _____, has a physical or mental impairment that limits one or more major life activities (or a record of having such an impairment, or of being regarded as having, such an impairment).

2. State the accommodation needed in order for this person to have an equal opportunity to use and enjoy housing or housing assistance administered by HACA:

3. Describe how this accommodation will allow this person to have an equal opportunity to use and enjoy housing or housing assistance administered by HACA:

HACA grants requests for a change, exception, or adjustment in a HACA rule, policy, practice, or service, based on an identifiable relationship, or nexus, between the requested accommodation and the person's disability.

If the disability is not obvious, or otherwise known to HACA, and if the need for the requested accommodation is also not readily apparent or known to HACA, additional information will be requested from a knowledgeable person you identify. The person you identify may be a medical professional, a peer support group facilitator, a non-medical service agency, or a reliable third party. List the name and contact information of the knowledgeable person who can verify the disability-related need for the accommodation.

Name of Care Provider: _____ Position: _____

Telephone Number: _____Fax Number: _____

Authorization to Release Information: I authorize the Care Provider listed above to disclose relevant information to HACA regarding the need I have described above for a change, exception, or adjustment in a HACA rule, policy, practice, or service in order to have an equal opportunity to use housing or housing assistance administered by HACA.

I understand that the information HACA obtains will be kept confidential and used solely to determine if a change, exception or adjustment should be provided.

I understand that HACA will process this request by communicating directly with the care provider identified above and that I will be notified in writing of the determination.

I understand that HACA may, at its sole discretion, periodically reassess the need for any granted change, exception or adjustment.

_____	_____	_____
Printed Name of Family Member	Signature of Family Member (If 18 years or older)	Date
_____	_____	_____
Printed Name of Head of Household	Signature of Head of Household	Date