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**NOTICE TO APPLICANTS AND RESIDENTS WITH DISABILITIES**

**REGARDING REASONABLE ACCOMMODATIONS**

The Chattanooga Housing Authority (CHA) and its Management Agents are committed to assisting persons with disabilities. CHA will make Reasonable Accommodations in policies, procedures, rules and services when such accommodations may be necessary to afford persons with disabilities an equal opportunity to participate in or benefit from its programs.

Requests for accommodations must be reasonable, meaning CHA is not required to provide

accommodations which would cause either undue financial or administrative burden or a fundamental alteration in the nature of CHA’s programs. Requests for Reasonable Accommodations will be considered on a case-by-case basis so that CHA can consider, among other factors, the cost of the requested accommodation, the benefits that the accommodation would provide to the requester and the availability of alternative accommodations that would effectively meet the requester's disability-related needs.

If you are a person with disabilities who requires a Reasonable Accommodation because of a disability or if you are making a request on behalf of a person with disabilities, here are the steps to follow:

**1. MAKE YOUR REQUEST.**

To ensure that your request is handled efficiently, CHA requests that you submit your Reasonable

Accommodations request in writing. CHA has prepared a ***Request for a Reasonable Accommodation form*** that makes it easier for you to provide the information Management will need to process your request. Although it is not required that you use this specific form, requests made on this form or in writing will simplify processing and will help avoid misunderstandings.

**2. PROVIDE VERIFICATION OF YOUR NEED FOR THE ACCOMMODATION.**

After Management receives your request, you may be asked to direct a doctor or other

professional who has direct knowledge of your disability to provide reliable Verification of the

following:

A. You are a person with disabilities and

B. You need the requested accommodation to afford you with an equal opportunity to

 participate in or benefit from CHA housing programs.

The Verification may be provided on the ***Certification of Need Form*** that Management

provides directly to the Verifier you select. The Verification may also be provided in a letter from your

Verifier if it properly provides the required information. To avoid unnecessary delay, you should encourage

your Verifier to submit the requested Verification within ten (10) business days of the date you

submit your Reasonable Accommodations request.

**3. MANAGEMENT WILL INFORM YOU OF A DECISION.**

Management's goal is to inform you of its decision within thirty (30) calendar days following

receipt of the Verifications described above, provided that sufficient information is submitted to the

manager. Your assistance in ensuring that documents are submitted in a timely manner is

greatly appreciated.

If you have any questions or require additional information on the Reasonable Accommodation process, you may contact the HCVP Director at tcarpenter@chahousing.org or the TDD number at (423) 752-4830.

|  |  |
| --- | --- |
|  |  **ATTACHMENT A** **REASONABLE ACCOMODATION POLICY** |

**REQUEST FOR REASONABLE ACCOMMODATION FOR DISABLED PERSON**

In accordance with my or person with disability’s rights I am requesting an exemption,

change, or adjustment to a rule, policy, practice, by the Housing Choice Voucher Program.

**Head of Household Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **e-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Family Member who is Disabled:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If, not Head of Household)

**Who qualifies as a person with a disability?** Definition of a person with a disability include (1) - individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) - individuals who are regarded as having such an impairment; and

(3) - individuals with a record of such an impairment.

1. Do you or the disabled household member **have a physical or mental impairment that**

 **substantially limits a major life activity**? YES NO I DO NOT KNOW

2. Please describe the Reasonable Accommodation that you are requesting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Please explain how your request for a Reasonable Accommodation relates to the disability?

 **(Please do not list a medical condition!)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Consent: I hereby consent to allow CHA\HCVP to contact and request information from the Medical Professional listed on this form below for the purposes of verifying that I or a household member has a disability and require a reasonable accommodation. Information obtained under this consent is limited to information that is no older than 12 months. I also certify that the above information is true and accurate to the best of my knowledge.**

  **SIGNATURE**  **DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Professional with specific knowledge of your disability:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_