
NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you are a person with disabilities and you need:

- A change in a policy, practice or procedure that would give you an equal chance to access the housing program, or
- A change in the way we communicate with you or give you information, or
- A physical change to your dwelling unit or the common areas of the property,
- you may ask for this kind of change, which is called a Reasonable Accommodation.

1. Your Request:

Contact the office at Ashford Housing Authority to make a request for a Reasonable Accommodation. You will be asked to complete the Reasonable Accommodation Form which the office will use to track and verify your request. Notify staff if you need assistance in completing the form.

2. Verification of Need:

You MAY be asked to allow us to verify that you are a person with disabilities, your need for this accommodation, and the connection between your disabilities and the request.

3. Our Response:

We will give you an answer in 14 days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons in writing and you can give us more information, if you think that will help. You may also appeal our decision and we will tell you how.

4. Confidentiality:

All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy the housing. It is illegal for us to deny you any services or retaliate against you because you made a Reasonable Accommodation Request.

5. How to appeal a decision:

If you do NOT agree with our decision, you may submit your appeal in writing to:

Jessica Miller, Ashford Housing Authority, 49 Tremko Lane, Ashford, CT 06278.

TENANT REQUEST FOR A REASONABLE ACCOMMODATION

The following tenant claims a physical or mental impairment that limits his or her ability to occupy our housing.

Name: _____ Date: _____

As a result of the disability, this person is requesting the following Reasonable Accommodation(s):

- A change in a policy, practice or procedure: (Please specify below.)
- A physical change in the housing unit: (Please check needed accommodation(s).)
 - Addition of grab bars for bath/shower
 - Modification of the fire alarm system to accommodate visual impairment.
 - Modification of the fire alarm system to accommodate hearing impairment
 - Other (please explain):
- A physical change in the common areas of the property. (Please specify below)

Verification of Need:

You MAY be asked to allow us to verify the need for this accommodation. If so, the information we obtain will be kept completely confidential and used solely to determine that the accommodation is needed.

Providing the Accommodation:

If we cannot provide this accommodation immediately, you will get an answer to this request within 14 days. If you do not agree with the response, you may appeal the decision to the Ashford Housing Authority Commissioners or the Executive Director.

Date: _____

TO: Name of Health Care Provider _____

Address: _____

RE: Name of Patient _____

Address: _____

Dear Medical Professional,

The person identified above has submitted the attached request for an accommodation. They have given us permission to contact you to verify that he/she meets the definition of a person with a disability for purposes of a reasonable accommodation and that his/her request is necessary in order to have equal access to housing or programs. Attached please find a **Disability Verification for Reasonable Accommodation Form** to complete.

Your prompt return of this information will assure timely processing of their request.

State and federal laws require housing providers to make reasonable accommodations or changes to either their apartment, other parts of the housing complex, or to house rules, policies or procedures if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of the apartment and other facilities or programs at the site. Please note that such changes must be necessary to remove some physical or administrative barrier directly resulting from the person's disability.

Please indicate on the form whether you believe the individual has a disability within the definition provided and whether the accommodation is necessary and will achieve its stated purpose. You must indicate the nexus between the disability and the requested accommodation.

This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation. **Please do not send any medical records.**

Please return form to:

Ashford Housing Authority
49 Tremko Lane
Ashford, CT 06278

If you have any questions please call the office at: (860) 429-8556.

Sincerely,

Jessica Miller
Executive Director

DISABILITY VERIFICATION FOR REASONABLE ACCOMMODATION FORM

Tenant Name: _____

Address: _____

Phone: _____

I have requested the accommodation below and ask that you fill out the following certification.

Signed: _____ Date: _____

Certification:

The individual who has signed above has requested a reasonable accommodation(s) and has listed you as a third-party professional who can verify this request.

Please indicate here:

- a. Do you believe the individual has a physical or mental impairment that substantially limits one or more a major life activities, someone who has a record of such impairment, or someone regarded as having such an impairment?

Yes No

- b. Do you believe the accommodation is necessary, is related to the person's disability and will achieve its stated purpose?

Yes No Cannot Verify

- c. Is there any other information that would be helpful in making the right accommodation for this person?

Signature/Date

Title of Physician or Professional

Address