



**NOTICE TO APPLICANTS/PARTICIPANTS WITH DISABILITIES REGARDING
REASONABLE ACCOMMODATION**

The Sedro-Woolley Housing Authority (SWHA) is committed to providing accommodations to persons with disabilities to help ensure that their living arrangements are comparable to those of other public housing applicants and residents. Reasonable accommodations for public housing applicants/residents must be reasonable, meaning they cannot cause either undue financial or administrative burden, or a fundamental alteration in the nature of SWHA's programs.

Reasonable accommodation requests may be made in any manner that is convenient, including written or verbal, to any Property Manager/Housing Assistant or Resident Services Coordinator. Although not required, requests made in writing will simplify processing and will help avoid misunderstandings. SWHA's request for accommodation forms are designed to assist applicants and residents. If you do not wish to, or cannot use, the attached forms, SWHA will still respond to your request for a reasonable accommodation.

Requests for reasonable accommodations will be considered on a case-by-case basis because people with the same disability may not need or desire the same level of accommodation.

If you make a reasonable accommodation request, SWHA may request reliable documentation (not medical records) that you have a disability and verification of the need for the particular accommodation(s). SWHA will not ask questions about the nature or severity of the disability except as specifically related to the requested accommodation. The type of verification you will need to provide depends on the specifics of the situation. The verification may be provided by any third party provider familiar with your disability on forms that the Housing Authority provides or in a separate note/letter. A signed release of information may be helpful in clarifying needs with your provider, but such a release is not required.

You may request assistance with completing the attached forms or ask that the forms be provided in an equally effective format or means of communication, such as:

- Qualified interpreters
- Use of Telecommunications Relay Services
- Large print materials
- Qualified readers
- Taped text audio recording
- Braille materials
- TTY

While most decisions are made in less time, we will make every effort to render a decision within forty-five (45) calendar days.

The King County Housing Authority reviews all requests on behalf of SWHA as part of a management agreement between the two agencies. If you have any questions or require additional information on the reasonable accommodation process or procedures, you may contact the King County Housing Authority Section 504 Coordinator by calling (206) 574-1351 or (800) 833-6388 TTY number.

These forms and reasonable accommodation information can also be found on the Sedro-Woolley Housing Authority website, www.sedrowoolleyha.org.

If you choose to complete these forms, please return these forms to your property management office or mail to 600 Andover Park W, c/o Reasonable Accommodations, Seattle, WA 98188. Or you may fax completed forms to 206-902-9845 or email to RAs@kcha.org.

REQUEST FOR A REASONABLE ACCOMMODATION

Household ID: _____

Please check one: Public Housing Applicant Public Housing Resident

Name: _____ Phone/Cell: _____

Address: _____

Email Address: _____

1. The following member of my household has a disability as defined below: (A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.)

Name: _____

Date of Birth: _____

2. As a result of his/her disability, the following changes are requested so that the person listed can reside in their unit here as easily or successfully as other program participants. **Check the kinds of change(s) you need. These needs should be verified by your third party provider on page 4. Additional pages/documentation may be attached, if needed.**

Fully Modified unit I request a fully modified, wheelchair accessible unit, meeting Uniform Federal Accessibility Standards (includes lowered counters and roll-in shower)
 If you answered yes to the above question, do you require a roll-in shower?
 Yes _____ No _____

Live-in Aide I am requesting approval for a live-in aide.
 Yes _____ No _____
 IF, I am approved for a live-in aide, I require an additional bedroom to accommodate the live-in aide
 Yes _____ No _____
 IF, I am approved for a live-in aide, and I require a transfer, I require a unit that is accessible without stairs
 Yes _____ No _____

Other Changes I request other modifications to my unit as listed below. Please be specific.

3. I need this reasonable accommodation so that I can:

4. You may verify that I have a disability and my need for this request by contacting: (This is the name of the third party professional familiar with your disability)

Provider Name: _____

Address: _____

Phone: _____

I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation. This should be signed below by either the member of the household with a disability or the head of household if household member with a disability is a minor.

Signed: _____ Date: _____



Dear: _____

Enclosed is a form signed by _____ asking you to verify his or her disability and need for a reasonable accommodation in his or her current housing.

The person named above is an applicant for either admission to, or continued occupancy in, our Sedro-Woolley Housing Authority Public Housing program. They have indicated that they or a family member have a disability that requires an accommodation. **Please note that such changes must be necessary as a result of the person's disability as opposed to a change that merely benefits the individual.**

Federal laws require public housing providers to make changes to rules, policies and procedures, as a reasonable accommodation, if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, their apartment.

Please specify on the enclosed Verification of Need form the accommodation that you recommend for the above-named person. Also indicate whether you believe the individual has a disability with the definition provided and that the accommodation is necessary and will achieve its stated purpose. You may also add or provide additional information that would be helpful in making the appropriate accommodation for this person.

This form should not be used to discuss the person's specific disability or diagnosis or any other information that is not directly relevant to the request for an accommodation; however, it is important to be as specific as possible about this individual's housing needs as they relate to their disability so that we may provide the most appropriate response.

Please note that the applicant/resident has signed a Release of Information requesting that you provide information and answer the questions. If you have any questions feel free to contact me at (206) 574-1351.

Sincerely,

Ron Ovadenko
Section 504 Coordinator

VERIFICATION OF NEED FORM – This form must be completed by a qualified professional whose function is to provide services to the below-named person with a disability. It is important to be as clear as possible about what is being requested to help us provide the most appropriate response.

The Sedro-Woolley Housing Authority (SWHA) applicant/resident named below has applied for a reasonable accommodation and is requesting that you, as his/her provider, fill out the following certification. Page 2 is a copy of the Request for Reasonable Accommodation Form completed by the resident/applicant with his/her signature for release of information.

Individual Member of Household with disability requesting accommodation (from page 2):

Name: _____

1. Please describe any reasonable accommodation needs that are medically necessary as a result of his/her disability in order for him/her to enjoy an equal housing opportunity (for example: 24-hour live-in-aide with overnight support with activities of daily living (ADLs), additional bedrooms, etc.): If he/she requires unit modifications, please be very clear about what is needed. Feel free to provide additional documentation if needed.

In my opinion, the named person has a disability as defined below:

1. A physical or mental impairment which substantially limits one or more of this person's major life activities; YES NO
2. A record of having such an impairment; or YES NO
3. Is regarded as having such an impairment (does not include current, illegal use of or addiction to a controlled substance as defined in section 102 of the Controlled Substance Act, 21 U.S.C. 802). YES NO

 Print Name

 Signature

 Date

 Title of Physician/Professional

 Street Address

 Telephone/Fax

 Agency

 City

 State

 Zip Code

Definition of Live-in Aides (24 CFR Section 5.403): a person who resides with one or more elderly persons, near elderly persons or persons with disabilities and who is 1) determined to be essential to the care and well-being of the persons, 2) is not obligated for the support of the persons, and 3) would not be living in the unit except to provide the necessary supportive services. The live-in aide must be identified by the family and approved by the Housing Authority.

Occasional, intermittent, multiple, or rotating care givers do not meet the definition of a live-in aide since 24 CFR Section 982.402(7) implies live-in aides must reside with the family permanently for the family unit size to be adjusted in accordance with the subsidy standards established by the PHA. Therefore, regardless of whether these care givers spend the night, an additional bedroom should not be approved.