



# TACOMA HOUSING AUTHORITY

## REQUEST FOR INFORMATION FROM THIRD PARTIES CONCERNING REASONABLE ACCOMMODATION/MODIFICATION

THA FORM CR-10(10)

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**Dear Health Care Provider, Social Service Provider, or Other Qualified Person:**

**RE:** \_\_\_\_\_ is an employee, tenant, or client of the Tacoma Housing Authority (THA), or he or she is an applicant for THA employment or assistance. He or she has informed THA that he or she is disabled and, as an accommodation to his or her disability, has asked THA to make an exception to its rules or practices or to pay for a modification to his or her apartment. Before THA can respond, it needs to understand the request better and to verify information. **Please note the Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.**

The person has listed you as someone who can help us do that. I enclose a copy of his or her request for accommodation. It contains his or her permission for you to share information with THA for this purpose. **PLEASE NOTE:** If the person is a resident requesting an extra bedroom, please carefully read the specific criteria required for this request on page 3 in the bold and italic text.

Please fill out this form. It poses three questions on the following pages. You may use extra pages if you wish. When you are done, please return the form to me

(Attention: \_\_\_\_\_) at the following checked address:

- |  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/>               | <input type="checkbox"/>                | <input type="checkbox"/>                    | <input type="checkbox"/>   | <input type="checkbox"/>                  |
| <b>THA</b>                             | <b>THA</b>                              | <b>THA</b>                                  | <b>THA</b>   | <b>THA</b>                                |
| <b>Main Admin.</b>                     | <b>Hillside/Bay Terrace</b>             | <b>Bergerson Terrace</b>                    | <b>Salishan</b>  | <b>Senior/Disabled Properties</b>         |
| 902 South L Street<br>Tacoma, WA 98405 | 2550 South G Street<br>Tacoma, WA 98405 | 5305A S. Orchard Street<br>Tacoma, WA 98467 | 1728 East 44 <sup>th</sup> Street<br>Tacoma, WA 98404<br><b>Fax 253-471-8702</b> | 1202 South M. St #114<br>Tacoma, WA 98403 |

If you have any questions, you may call me: << 253-\_\_\_\_\_-\_\_\_\_\_- >> **or Email:** << \_\_\_\_\_ @ [tacomahousing.org](mailto:tacomahousing.org) >>>> If I have additional questions, I may call you as well. Thank you for your help.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## 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.



## 2. Assessment of the Person's Disability

Below you see the legal definition of disability. Below this definition are check boxes. Please check one of the boxes to indicate your professional opinion of whether or not the person is disabled under the legal definition:

1. A sensory, mental, or physical impairment that is medically cognizable or diagnosable, or exists as a record or history, or is perceived to exist, whether or not it actually exists. The "disability" exists whether it is temporary or permanent, common or uncommon, mitigated or unmitigated, or whether it limits the ability to work or engage in any other activity encompassed within Washington's anti-discrimination law.  
"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.
2. 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. There may be more than one page. For each one, please indicate in your informed opinion whether the accommodation/modification is **necessary** to allow the person equal access to the job opportunity or to the housing or service in question for reasons related to the disability you believe the person to have. ***PLEASE NOTE: If the person is a resident requesting an extra bedroom, he or she must show the extra bedroom to be necessary for a required live-in aide, for necessary storage of needed medical equipment, or to fulfill some other necessity related to the disability. In addition, he or she must show that using the living room for sleeping or other purposes would not be adequate. Please consider this information when completing the form.***

<b>First Requested Accommodation/Modification</b>					
* You must Check <input checked="" type="checkbox"/> Only One:	<input type="checkbox"/> Necessary	<input type="checkbox"/> Alternative/s available; i.e., NOT Necessary	<input type="checkbox"/> Beneficial but NOT Necessary	<input type="checkbox"/> NOT Beneficial; NOT Necessary	<input type="checkbox"/> Lack Enough Information to Say
* Explain basis for your assessment/comments; describe any alternatives:					
<b>NOTE:</b> 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.					



Signature	Date
Print Name	Agency or Affiliation
Title	Address
City, State, Zip	Telephone Number

\* **COMPLETE ALL SECTIONS WITH ASTERISKS**

**Second Requested Accommodation/Modification:**



You must Check  $\checkmark$   
Only One:

Necessary

Alternative/s  
available; i.e.,  
NOT Necessary

Beneficial but  
NOT Necessary

NOT  
Beneficial;  
NOT  
Necessary

Lack Enough  
Information to  
Say



**Explain basis for your assessment/comments; describe any alternatives:**

**NOTE:** 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Agency or Affiliation

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number



**COMPLETE ALL SECTIONS WITH ASTERISKS**