



TACOMA HOUSING AUTHORITY

REQUEST FOR INFORMATION FROM THIRD PARTIES CONCERNING REASONABLE ACCOMMODATION

THA FORM CR-10(10)

Individual Requesting Accommodation: _____

Name of Head of Household: _____

Dear Knowledgeable Professional:

Please read this form completely – the information provided here is very important. The individual listed above has identified themselves as being disabled under the Fair Housing Act and has asked for an accommodation from the Tacoma Housing Authority (THA) to meet housing-related needs necessary to remove, alleviate, or mitigate barriers to their housing or housing programs due to their disability-related limitations.

You have been authorized to release information to us regarding the individual's need for an accommodation. The authorization is attached.

THA grants reasonable accommodation requests based, if necessary, on verification of need from a professional who is knowledgeable about the individual's situation and competent to render an opinion. Such verification may be from a physician, or other medical or non-medical service agency professional, or other knowledgeable professional. Verification could include but not be limited to:

- Verification that the person is a qualifying person with disabilities.
- Verification that there is a direct relationship ("nexus") between the nature of the person's disabilities and the accommodation requested.
- Verification that the accommodation is necessary for the person to have equal opportunity to participate in or access THA's programs and services.

Please complete and return this form to Tacoma Housing Authority (THA). **Confidential medical records will not be accepted.**

THA appreciates your timely response to this request. If you have any questions, please contact me.

THA Office: _____ THA Staff: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Section I – Verification of Disability

It is NOT necessary for you to fill out this Section. Please proceed to Section II

Please complete this Section before proceeding to Section II

An “individual with a disability” is any person who has a physical, mental, or emotional impairment that limits one or more life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism. The definition of an “individual with a disability” does *not* include a person whose current use of alcohol or drugs is the barrier that prevents the person from participating in THA’s housing program and services. (A more detailed definition is provided in the Code of Federal Regulations at 24 CFR 8.3, which THA staff would be glad to provide to you.)

Does the person named above qualify as an “individual with a disability,” according to this definition?

YES NO Unable to verify Initials _____

Section II – Verification of Need for Requested Accommodation

Please do not include medical records

I am knowledgeable about this individual’s situation. YES NO

In my professional assessment of the disabled individual’s needs, I certify that (select option below):

The disabled individual requires a live-in aide. A daily in-home worker or rotating shifts are not adequate to provide an opportunity equal to that afforded to others.

The disabled individual requires an extra bedroom for: _____

(note: For medical equipment - if necessary, a THA inspector may view the equipment to confirm that all sleeping and living spaces are not adequate as an accommodation)

The disabled individual requires a change in a policy, procedure, practice, or modification (to a THA owned unit) as a direct result of his/her disability in order to be afforded an equal housing opportunity. Please explain what change is needed.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Agency or Affiliation: _____

Phone: _____ Email: _____