C I T Y O F O C E A N S I D E
Community Development Commission

MARGERY M. PIERCE
Director

NEIGHBORHOOD SERVICES DEPARTMENT
Housing Division

NOTICE OF RIGHT TO REQUEST A REASONABLE ACCOMMODATION

A participant or applicant with a disability must first ask for a specific change to a policy or practice as an accommodation of their disability before the Housing Authority (HA) will treat a person differently than anyone else. The HA's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they ma fully access and utilize the housing program and related services. This policy is intended to afford persons with disabilities an equal opportunity to obtain the same result, to gain the same benefit, or t reach the same level of achievement as those who do not have disabilities.

To be eligible to request a reasonable accommodation the requester must first certify (if apparent) or verify (if not apparent) that they are a person with a disability under the following ADA definition:

- A physical or mental impairment that substantially limits one or more of the major life activities of an individual;
- A record of such impairment;
- Being regarded as having such an impairment

If the family meets the above definition, they must first complete the **Request for a Reasonable Accommodation form found on the reverse side of this page.** Once completed, it must be submitted to the HA.

Once the person's status as a qualified person with a disability is confirmed, the Has will require that a professional third party competent to make the assessment provides written verification that the person needs the specific accommodation due to their disability and the change is required for them to have equal access to the housing program.

If the HA finds that the requested accommodation creates an undue administrative or financial burden, the HA will deny the request and/or present an alternate accommodation that will still meet the need of the person.

An undue administrative burden is one that requires a fundamental alteration of the essential functions of the HA.

An undue financial burden is one that when considering the available resources of the agency as a whole, the requested accommodation would pose a severe financial hardship on the HA.

The HA will provide a written decision to the person requesting the accommodation within a reasonable time. If a person is denied the accommodation or feels that the alternative suggestions are inadequate, they may request an informal hearing to review the HA's decision.

Reasonable accommodation will be made for persons with a disability that requires an advocate or accessible offices. A designee will be allowed to provide some information, but only with the permission of the person with the disability.

All HA mailings will be made available in accessible format upon request, as a reasonable accommodation.

Verification of Disability

The HA will verify disability under definitions in the Fair Housing Amendments Act of 1988, Section 504 of the 1973 Rehabilitation Act, and Americans with Disabilities Act.

If you have questions, please contact your Housing Specialist at the City of Oceanside Housing Authority or (760) 435-3360

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REQUEST FOR A REASONABLE ACCOMMODATION

This form may be used by clients to request a reasonable accommodation so that they may have an equal opportunity to use and enjoy participation in any of the programs conducted by the City of Oceanside Housing Authority. The continued need for a reasonable accommodation may be re-verified at the time of the annual re-examination. Please complete this form and return to the Housing Authority within two (2) weeks of date sent.

Name of Head of Household:

_____ _____
(Please Print) Social Security Number

_____ _____
Address Phone Number

1. The following household member (name) _____ has a Disability as defined below:

   Disability: A physical or mental impairment that substantially limits one or more major life activities; a record of such impairment, or being regarded as having such an impairment.

2. Describe the accommodation you are requesting: (example: Live-in-Aide)

   _____
   _____
   _____

3. Describe why this accommodation is needed and how it relates to the disability of the above-named household member.

   _____
   _____
   _____

4. List the name of the qualified professional who has direct knowledge and experience with the Household member's disability, who can verify the disability, and the need for the accommodation requested.

   _____ _____
   Name Position (Attending Physician, RN. Etc.)

   Address: _____

   Telephone No: _____

Authorization to Release Information: I authorize the health care provider listed above to disclose relevant information to the Housing Authority regarding the need for a reasonable accommodation for the above-named household member. I understand that the information the said Housing Authority obtains will be kept confidential and used solely to determine if an accommodation should be provided.

_____ _____
Signature of Head of Household Date

_____ _____
Signature of above disabled family member if 18 years or older Date