CITY OF OCEANSIDE
Community Development Commission

MARGERY M. PIERCE
Director

NEIGHBORHOOD SERVICES DEPARTMENT
Housing Division

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