



## **Request for a Reasonable Accommodation**

If you have a disability and you need:

- ◆ a change in our policies, procedures or how we do things that would make it easier for you to take part in our programs
- ◆ a change in the way we communicate with you and give you information
- ◆ a change in your apartment or other parts of the facility to make it easier for you to live there if you live in a HAYC-owned property

you can request the change through a process called "Reasonable Accommodation." You may complete the form on the back of this page to request a Reasonable Accommodation. If you need help completing the Reasonable Accommodation form, or if you want to give us your request in another way, we will help you.

If we can verify that you have a disability and your request is reasonable (such as not too expensive or too difficult to arrange) we will try to make the changes to meet your needs.

We will make a decision on your request as soon as possible, within ten (10) working days, unless there is a problem getting the information we need to make the decision. We will let you know if we need more information from you or if we would like to discuss other ways of meeting your needs. If we do not approve your request, we will explain our decision, and you may give us additional information if you think that will help.

### **For Lease Violation or Termination of Voucher**

If this problem is a result of a disability, you have the right to request a Reasonable Accommodation- some plan that will enable you to meet the terms of your lease. If you think such a plan is likely to correct the problem, you can complete the Reasonable Accommodation form on the back of this page. If you make such a request you will need to show proof that the issue is caused by a disability and that your plan is likely to work. If your plan involves another person you will need to provide proof that that person will assist you.

### **Auxiliary Aids Policy**

The Housing Authority of Yamhill County recognizes that certain individuals need alternative forms of expression in order to properly communicate with our staff. Alternative forms of communications, such as TDD, qualified sign language interpreters for persons with speech or hearing impairments, or alternate formats for persons with vision impairment, may be requested.

# Request for a Reasonable Accommodation

Your Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, St ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

1. The following member of my household has a disability\*: \_\_\_\_\_

Last 4 digits of their Social Security Number: xxx-xx-\_\_\_\_\_

2. Please provide this reasonable accommodation (the change, exception or adjustment to the rule, policy, practice or service you wish to have changed to meet your needs):

3. Contact the following professional for the required verification of the need for this accommodation:

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

Mailing Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax: Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

\*The definition of a person with disabilities for purposes of reasonable accommodation is a person who:

- Has a physical/mental impairment that substantially limits one or more major life activities;
- Has a record of such impairments; or
- Is regarded as having such impairment.

The physical or mental impairment includes almost any condition, disease, illness, disfigurement or disorder (e.g., alcoholism, AIDS, emotional disorder, mental retardation, cerebral palsy, cancer, deafness, or HIV infection) if the impairment substantially limits one or more major life activities. Major life activities include caring for oneself, performing manual tasks, walking, seeing, hearing, breathing, learning and working. This is not an exhaustive list; other life activities can also be major.