



Better Places, Better Lives

Housing Authority of the County of Cumberland
Redevelopment Authority of the County of Cumberland
Reasonable Accommodation Request Form
Access to Program, Service or Activity

Purpose

This form is to be used by individuals seeking a reasonable accommodation with respect to accessing Authorities' programs, services, or activities pursuant to the Americans with Disabilities Act (Title II). The Authorities are dedicated to providing reasonable accommodations to all qualified individuals with disabilities participating in their programs, services, and activities.

Instructions

Please submit this request form to the official listed below. If you need assistance completing this form, please contact the official listed below. Alternative means of submitting an accommodation request, such as by personal interview or telephone, may be made available upon request. A request for accommodation should be made as much in advance as practical. However, a response to an immediate need for accommodate will be considered to the fullest extent possible.

Mary E Kuna

Executive Director

717-249-0789 Ext 118

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114 N Hanover St.

Carlisle, PA 17013

REASONABLE ACCOMMODATIONS REQUEST FORM

The Redevelopment Authority of the County of Cumberland and the Housing Authority of the County of Cumberland provide reasonable accommodations to individuals with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules, policies, practices, or services **made necessary because of a disability** for the individual to use or participate in our services, programs, or activities. If the disability or the disability related need is not readily apparent, a third-party verifier may be required in order to properly evaluate your request. Please complete this Reasonable Accommodation Request Form and send it to the Executive Director. We will contact you about the request and whether a Third-Party Verification is necessary after we have an opportunity to review the request.

Name of the Individual Needing the Accommodation: _____

Name of Parent/Guardian (if Individual Needing Accommodation is under 18 years of age):

Address: _____

Telephone: _____

Date of Request: _____

What service, program, or activity is the accommodation being requested for? _____

Please describe the accommodation (exception to our usual rule or policy / auxiliary aid or service) that you are requesting:

1. Do you consider the above individual who is requesting the accommodation to be disabled?
(The *Americans with Disabilities Act* and the *Fair Housing Act* define a person with a disability to include (1) individuals with a physical or mental impairment that **substantially** limits one or more major life activities; (2) individuals who are regarded as having such an impairment; or (3) individuals with a record of such an impairment.)

YES NO

2. Please describe how the requested accommodation is necessary for the above individual to use our services, programs, or activities. (If needed, you may write on the back of this form or attach additional sheets of paper.)

I hereby certify that the information I am providing is accurate and true.

Signature of Individual Requesting Accommodation (parent/guardian if individual is under 18 years of age):