



HOUSING & REDEVELOPMENT AUTHORITIES
OF CUMBERLAND COUNTY

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 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

mkuna@cchra.com

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?
(Americans with Disabilities Act of 1990 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 a n impairment; or (3) individuals with a record of such an impairment. The Supreme Court has determined that to meet this definition a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.**)

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):

Name:

Address:

Dear _____:

We acknowledge your intent to request a Reasonable Accommodation today. To process your request, we need third-party verification of your (disability and/or disability-related need). Please know, that the Authority never inquires into the nature or extend of your disability. The Authority **does need** verification that your request is related to your disability and removes a barrier you face to participate in our services, programs or activities. Please complete Part I of the Third-Party Verification Form and return it to me.

Once we receive the completed verification form back from your third-party verifier, we will review your request.

If you have any questions, you may contact me at 717-249-0789 ext. 118.

Sincerely,

Mary E. Kuna, Executive Director

THIRD-PARTY VERIFICATION FORM FOR REASONABLE ACCOMMODATION REQUEST

Name of the Individual Requesting the Accommodation: _____

PART I THIRD-PARTY AUTHORIZATION

Please provide the contact information for a professional third-party verifier to whom we will send this form to answer the questions below. *(A doctor or other medical professional, a peer support group, a non-medical service agency or a reliable third party who is in a position to know about the individual's disability may provide verification.)*

Name: _____

Position: _____

Address: _____

Telephone: _____

Fax: _____

By signing below, I hereby authorize the third-party verifier listed above to provide answers to the questions below to the best of his/her knowledge of the individual requesting a reasonable accommodation.

Signature of Requestor (individual requesting a reasonable accommodation or parent/guardian if the Requestor is under 18 years of age):

PART II THIRD-PARTY VERIFICATION
(TO BE COMPLETED BY THIRD-PARTY VERIFIER)

1. Is the individual who needs the accommodation disabled? *(The Americans with Disabilities Act and the Fair Housing Act defines disability as (1) 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. The Supreme Court has determined that to meet this definition a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.**)*

____ YES ____ NO ____ I DON'T KNOW

2. Please describe in what manner this disability restricts the individual in activities that are of central importance to his or her daily life:

3. Describe any suggested accommodation(s) that will assist the individual in addressing the above-referenced limitation(s):

4. Does this individual need the accommodation requested above to be able to utilize our services, programs or activities? YES NO

5. If yes to #4, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. Please explain the relationship between the person's disability and the need for the requested accommodation and how this accommodation will enable the individual to use our services, programs or activities.

I hereby certify that the information I am providing is accurate and true to the best of my knowledge based on my professional knowledge, training and experience.

Name & Position of Verifier (please print): _____

Signature of Verifier: _____ Date: _____

Organization Name and Address: _____

Telephone: _____

Thank you for your cooperation in providing this information. If you have any questions, please do not hesitate to contact our office.

The certifying professional should return this form by fax to:

Mary E Kuna, Executive Director

Fax No. 717-249-4071