SECTION 8 OFFICE
700 Andover Park West
Tukwila, WA 98188
PHONE: (206) 574-1100 | FAX: (206) 902-9845

NOTICE TO APPLICANTS/PARTICIPANTS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION

The King County Housing Authority (KCHA) is committed to providing accommodations to people with disabilities to help ensure that their living arrangements are comparable to those of other Section 8 participants. Accommodations must be reasonable, meaning they cannot cause either undue financial or administrative burden or alter the fundamental nature of KCHA's programs.

Reasonable accommodation requests may be made in any manner that is convenient, including written or verbal, to any member of KCHA staff. Although not required, requests made in writing will simplify processing and will help avoid misunderstandings. If you do not wish to, or cannot use, the attached forms, KCHA will still respond to your request for an accommodation.

Requests for reasonable accommodations will be considered on a case-by-case basis because people with the same disability may not need or desire the same type of accommodation.

If you request a reasonable accommodation, KCHA may ask for documentation (not medical records) of the disability and verification of the need for the accommodation(s). KCHA will not ask about the nature or severity of the disability except as related to the requested accommodation. The type of verification you will need to provide will depend on the situation. Any third-party provider familiar with the disability may provide the verification on KCHA's forms or in a separate letter. A signed release of information may be helpful in clarifying your needs with your provider, but such a release is not required.

KCHA will attempt to come to a decision about the reasonable accommodation within 45 days, and most decisions are made in less time.

You may request assistance with completing the attached forms or ask for the forms to be provided in an equally effective format or means of communication, such as:

- Interpretation/Translation
- Telecommunications Relay Services
- Large print
- Qualified readers
- Audio recording
- Braille
- TTY

If you have any questions or require more information about reasonable accommodations, you may contact the KCHA 504 Program by calling (206) 926-4616 or TTY: (800) 833-6388.

These forms and more reasonable accommodation information can also be found at http://www.kcha.org/currentresidents/sh_reasonable.aspx

If you choose to complete these forms, please return them to any KCHA office or mail to 700 Andover Park W, c/o Reasonable Accommodations, Tukwila, WA 98188. Or you may fax completed forms to 206-902-9845 or email them to RAs@kcha.org.

OFFICE USE ONLY
Household ID:

REQUEST FOR A REASONABLE ACCOMMODATION

Please check one: ☐ Section 8 Applicant ☐ Section 8 Participant

Head of Household:_____ Phone/Cell: _____

Address: _____

Email Address _____

1. The following member of my household has a disability (defined as: "A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment").

   Name: _____

   Date of Birth: _____

2. Describe the need for this reasonable accommodation:

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

3. You may verify the disability and the need for this request by contacting: (This is the name of the third party professional familiar with the disability).

   Name:_____

   Address:_____

   Phone: _____

I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation. This form should be signed by either the member of the household with a disability or the Head of Household if disabled household member is a minor.

Signed:_____ Date: _____

King County Housing Authority

To whom it may concern:

_____is an applicant for either admission to, or continued occupancy in, our King County Housing Authority Section 8 Federal Housing Assistance program. They have indicated that they or a family member have a disability that requires an accommodation.

Federal laws require public housing providers to make changes to rules, policies, and procedures as a reasonable accommodation if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, their housing. **Please note that such changes must be medically necessary because of the person's disability as opposed to a change that merely benefits the individual**.

Please specify on the enclosed Verification of Need form the accommodation that you recommend for the above-named person. Also, indicate whether you believe the individual has a disability with the definition provided and whether the accommodation is necessary and would achieve its stated purpose. You may also add or provide additional information that would be helpful in making the appropriate accommodation for this person.

This form should not be used to discuss the person's specific disability or diagnosis or any other information that is not directly relevant to the request for an accommodation; however, it is important to be as specific as possible about this individual's housing needs as they relate to their disability so that we may provide the most appropriate response.

The individual requesting the accommodation has signed a Release of Information form (enclosed) allowing you to provide the information necessary to assist us in making our determination. If you have any questions feel free to contact the 504 Program at (206) 926-4616.

Sincerely,

Ron Ovadenko

Section 504 Coordinator

VERIFICATION OF NEED FORM: This form must be completed by a qualified professional whose function is to provide services to the below-named person with a disability. It is important to be as clear as possible about what is being requested to help us provide the most appropriate response.

The King County Housing Authority (KCHA) Section 8 participant named below has applied for a reasonable accommodation and is requesting that you, as their provider, fill out the following certification. Page 2 is a copy of the Request for Reasonable Accommodation Form completed by the Section 8 participant with his/her signature for release of information.

Individual Member of Household with disability requesting accommodation (from page 2):

_____

1. Please describe any reasonable accommodation needs that are **medically necessary** as a result of their disability in order for them to enjoy an equal housing opportunity (for example: 24-hour live-in-aide with overnight support for activities of daily living (ADLs), additional bedrooms, higher rent standard, rent from family, voucher extension, mutual lease termination, voucher port, etc.): Feel free to provide additional documentation.

_____

_____

_____

_____

Definition of Live-in Aides (24 CFR Section 5.403): a person who resides with one or more elderly persons, near elderly persons, or persons with disabilities and who is 1) determined to be essential to the care and well-being of the persons, 2) is not obligated for the support of the persons, and 3) would not be living in the unit except to provide the necessary supportive services. The live-in aide must be identified by the family and approved by the Housing Authority. Occasional, intermittent, multiple, or rotating care givers do not meet the definition of a live-in aide since 24 CFR Section 982.402(7) implies live-in aides must reside with the family permanently for the family unit size to be adjusted in accordance with the subsidy standards established by the PHA. Therefore, regardless of whether these care givers spend the night, an additional bedroom should not be approved.

In my opinion, the named person has a disability as defined below:

1. A physical or mental impairment which substantially limits one or more of this person's major life activities; ☐ **YES** ☐ **NO**
2. A record of having such an impairment; or ☐ **YES** ☐ **NO**
3. Is regarded as having such an impairment (does not include current, illegal use of or addiction to a controlled substance as defined in section 102 of the Controlled Substance Act, 21 U.S.C. 802). ☐ **YES** ☐ **NO**

Print Name	Signature	Date
Title of Physician/Professional	Street Address	Telephone/Fax
Agency/Practice	City	State ZIP