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 subsidized housing applicants and residents. Accommodations must be reasonable, meaning they cannot cause either undue financial or administrative burden or alter the fundamental nature of KCHA's programs.

The following items do not require a reasonable accommodation request: grab bars, bathtub cuts, toilet modifications, portable AC units, bidet, showerhead change, door hardwood change, visual alarms, and one additional key card. If you require these items, contact your Property Manager directly.

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 level 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 your property management 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:	☐ Subsidized Housing Applicant	☐ Subsidized Housing Resident

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. As a result of their disability, the following changes are requested so that the person listed can reside in their unit as easily or successfully as other program participants. **Check the kinds of change(s) you need. These needs should be verified by your third-party provider on page 4. Additional pages may be attached, if needed.**

Unit Accessibility: No stairs_____ Roll-in shower_____ Lowered counters_____

Live-in Aid: I am requesting approval for a live-in aid

Yes_____ No_____

If I am approved for a live-in aid and I require a transfer, I require a unit that is accessible without stairs

Yes_____ No_____

Other Changes: I request other modifications to my unit as listed below. Please be specific.

_____

3. This reasonable accommodation is needed so that:

_____

_____

_____

4. You may verify this disability and the need for this request by contacting the below individual: (This is the name of the third-party professional familiar with the disability). **Although this release of information is optional, providing this information may help with the processing of your request.**

Provider 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 should be signed below by either the member of the household with a disability or the Head of Household if household member with a disability is a minor.

Signed:_____ Date: _____

King County Housing Authority

To whom it may concern:

Enclosed is a form signed by_____asking you to verify their disability and need for a reasonable accommodation in their current housing.

The person named above is an applicant for either admission to, or continued occupancy in, our King County Housing Authority Subsidized Housing 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 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 that the accommodation is necessary and will 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.

Please note that the applicant/resident has signed a Release of Information requesting that you provide information and answer the questions. 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) applicant/resident 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 resident/applicant with their 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 with activities of daily living (ADLs), additional bedrooms, etc.): If they require unit modifications, please be very clear about what is needed. Feel free to provide additional documentation if needed.

_____

_____

_____

_____

_____

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	City	State	ZIP Code

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.