



533 S. Dixie Hwy., Suite 101  
Deerfield Beach, FL 33441  
Phone: (954) 428-0678  
Fax: (954) 426-8665

## Request for Reasonable Accommodation

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to a Deerfield Beach Housing Authority (DBHA) staff member. If you need assistance in understanding whether you or a member of your household is a “qualified individual with a disability” or if you need assistance in completing this form, please contact Ruchelle Hobbs, Director of Housing Choice Voucher Programs at 954-315-5332.

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

1. I am requesting the reasonable accommodation(s) on behalf of: (Provide Name)

\_\_\_\_\_

2. As a result of the disability, I am requesting the following reasonable accommodation(s):

- a. A change in a policy, practice, or procedure: (*Please check.*)

- i. \_\_\_\_\_ A change in the rules or policies to give a disabled person an equal opportunity to take part in the assisted housing program; What is your request? (Be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ii. \_\_\_\_\_ A change in the way we communicate with the disabled person identified above or provide information. What is your request? (Be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Other reason(s) for the request for reasonable accommodation(s):

---

---

---

---

---

---

---

4. If a family indicates that an accommodation is required for a disability that is not obvious or otherwise known to the DBHA, the DBHA must verify that the person meets the definition of a person with a disability, and that the limitations imposed by the disability require the requested accommodation. Third-party verification must be obtained from an individual identified by the family who is competent to make the determination.

5. 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 of a disability. Please provide us with their name, address, and phone number:

---

---

---

6. Medical records will not be accepted or retained in the participant's file.

7. In the event that the DBHA does receive confidential information about a person's specific diagnosis, treatment, or the nature of severity of the disability, DBHA will dispose of it. In place of the information, DBHA will note the file that the disability and other requested information have been verified, the date the verification was received, and the name and address of the knowledgeable professional who sent the information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



Deerfield Beach  
Housing Authority

533 S. Dixie Hwy., Suite 101

Deerfield Beach, FL 33441

Phone: (954) 428-0678

Fax: (954) 426-8665

## **AUTHORIZATION FOR RELEASE OF INFORMATION REGARDING REASONABLE ACCOMMODATION(S) REQUEST**

RE: Household member with disability: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release information and/or documentation to representatives of the Deerfield Beach Housing Authority concerning the physical or mental impairment(s) that I assert to qualify as an individual with a disability for the sole purpose of this reasonable accommodation request.

In addition, I authorize \_\_\_\_\_ to provide only documentation that is necessary to verify that I meet the definition of a "Qualified Individual with a Disability", as defined below. This Authorization for Release of Information should only seek information that is necessary to determine if the requested reasonable accommodation is needed because of a disability.

This Authorization does not authorize the Deerfield Beach Housing Authority to examine my medical records, including diagnosis or test result(s); nor does this authorize the release of detailed information about the nature or severity of my disability. Any information or documentation released as a result of this Authorization shall be kept confidential and will not be shared with anyone unless required to make or assess a decision to grant or deny a reasonable accommodation request.

This Authorization solely authorizes the release of information necessary to verify the following:

1. Documentation necessary to verify that the above-named individual meets the definition of a "qualified individual with a disability", as defined below;
2. A description of the needed reasonable accommodation(s); and,
3. A description of the identifiable relationship between the individual's disability and the requested reasonable accommodation(s).

For purposes of this Release, a "Qualified Individual with a Disability" is defined as a person who has a physical or mental impairment that:

- Substantially limits one or more major life activities
- Has a record of such an impairment
- Is regarded as having an impairment - "A Physical or Mental Impairment" is defined as:
  - Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems including, but not

limited to: neurological, musculoskeletal, special sense organs, respiratory, and speech organs; or

- Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.
- The term "Physical or Mental Impairment" includes, but is not limited to, such diseases and conditions as visual, speech and hearing impairments, epilepsy, multiple sclerosis, cancer, etc.
- "Major Life Activities" include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
- "Has a Record of Such an Impairment (mental or physical)" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
- "Is Regarded As Having an Impairment" means:
  - Has a physical or mental impairment that does not substantially limit one or more major life activities, but is treated by a recipient as constituting such a limitation.
  - 2. Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward the impairment.
  - Has none of the impairments defined by Section 504's definition of "physical or mental impairment, but is treated by a recipient as having such an impairment.

I hereby authorize the release of information to the Deerfield Beach Housing Authority regarding the request for reasonable accommodation described on this form. This release shall constitute a limited authorization for the release of information, as described above.

---

Name of Family Member/Parent/Legal Guardian [Print]

---

Signature

---

Relationship to Applicant/Resident/Participant

---

Date

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

---

Name of Health Care Provider/Documenting Authority:

---

Address of Health Care Provider/Documenting Authority:

---

Telephone Number of Health Care Provider/Documenting Authority:

---

Fax Number of Health Care Provider/Documenting Authority: