



177 Day Island Rd., Eugene, OR 97401 • PH 541-682-3755 • FAX 541-682-3411
300 West Fairview Dr., Springfield, OR 97477 • PH 541-682-4090 • FAX 541-682-3875



Homes. People. Partnerships. Good. www.homesforgood.org

Instructions for Submitting a Reasonable Accommodation Request in Agency-owned Housing Programs

Please fill out your portion of the *Request for Reasonable Accommodation* and the *Verification of Disability Status for Use When Requesting a Reasonable Accommodation* forms. Take the forms to your doctor, therapist or other "qualified individual" to complete and submit by fax, mail or email. If you have any questions about the process and are a resident, please contact your Property Manager. If you are an applicant, you may contact the Intake Department at (541) 682-2567.

If you are requesting to add a **Live-in Aide** to your household, you **do not** need to submit a Reasonable Accommodation request. Please obtain the Live-in Aide packet from our website or our office, and submit to your Property Manager or the Intake Department.

If you wish to be considered for a **Wheelchair Accessible** unit, you **do not** need to submit a Reasonable Accommodation request. We will be happy to place you on the waiting list for a Wheelchair Accessible unit through the normal application process. You can also obtain the Wheelchair Accessible need form from our website or our office.

Examples of common Reasonable Accommodation requests:

- Grab bars, an elevated toilet seat, or other similar modifications in the bathroom
- A ramp or railings to the front door of the unit
- A downstairs unit or one that is serviced by an elevator
- Installation of an air conditioning unit
- An assistance animal

Reasonable Accommodations are approved when there is a disability-related need for the modification. However, Reasonable Accommodations can be denied when they fundamentally alter a program or are too expensive. For example, a request to be placed at the top of a waiting list would be denied because doing so would fundamentally alter program requirements. Likewise, a request to modify a conventional unit into a fully accessible wheelchair unit would be too expensive, and therefore would be denied.

Upon occasion, we may need to contact the qualified individual for more information. You will receive a copy of any letters to your doctor, psychiatrist or counselor that we may send asking for more information.

Again, if you have any questions, please contact your Property Manager or the Intake Department.

Thank you.

Don Bucholtz
504/ADA Coordinator
541-682-2567



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Reasonable Accommodation requests for people applying for our housing or residing in our complexes should be faxed to 541-682-3875 - attention: Don Bucholtz – or scanned and emailed to dbucholtz@homesforgood.org. Thank you.

REQUEST FOR REASONABLE ACCOMMODATION

RE: _____
Name of Applicant / Participant Date of Birth

Address City State Zip Telephone

I authorize the release of information, relative to my physical or mental impairment, to verify the need for the reasonable accommodation I have requested, to the Homes for Good Housing Agency.

Signature Date



1. Please indicate the name of the **disabled household member** who is requesting the accommodation:

2. Please describe the reasonable accommodation you are requesting:

3. Please explain why you are requesting this accommodation and how it will provide you with an equal opportunity to participate in and use our housing program(s), your unit, and/or common areas:

4. Please have your doctor, health care provider, or other qualified professional verify that your request: (1) is related to your disability; and (2) would provide you with an equal opportunity to participate in and use our housing program(s), your unit, and/or common areas.

If you need assistance with this form or have any additional questions, please contact Homes for Good at 541-682-4090. Please return the completed/signed form to:

Homes for Good Housing Agency
300 W. Fairview Drive
Springfield, Oregon 97477
Fax (541) 682-3875

REASONABLE ACCOMMODATION VERIFICATION

To: Qualified Individual (e.g., a counselor, social worker, doctor, or a qualified professional working in a rehabilitation center, service agency, clinic, or other entity identified by the person requesting a reasonable accommodation)

_____ has requested that Homes for Good provide the following accommodation(s):
[Name of Applicant / Participant]

Homes for Good does **not** provide reasonable accommodations when the request is a matter of convenience or preference only.



Please verify that the above requested accommodation: **(1) is related to the applicant's/participant's disability; and (2) would provide the applicant/participant with an equal opportunity to participate in and use our housing program(s), their unit, and/or common areas.**

I, _____, do do not **(please check one)** believe that the above requested accommodation: (1) is related to the applicant's/participant's disability; and (2) would provide the applicant/participant with an equal opportunity to participate in and use our housing program(s), their unit, and/or common areas.

By signing below, I acknowledge that I have a client/patient relationship with the Applicant/Participant *other than one established solely for the purpose of this Reasonable Accommodation request*. Please note that Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

Signature

Date

Printed Name

Telephone Number

Professional Title

FAX Number

Address



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**VERIFICATION OF DISABILITY STATUS FOR
USE WHEN REQUESTING A REASONABLE ACCOMMODATION**

RE: _____
Name of Applicant / Participant Date of Birth

Address City State Zip Telephone

I authorize the release of information, relative to my physical or mental impairment, to verify the need for the reasonable accommodation I have requested, to the Homes for Good Services Agency.

Signature Date

Section 504 of the Rehabilitation Act of 1973, as amended, defines Individuals with Disabilities as any persons who:

1. have a physical or mental impairment that substantially limits one or more major life activities (e.g., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working); or
2. have a record of such an impairment (have a history of, or have been misclassified as having a mental or physical impairment that substantially limits one or more major life activities); or
3. are regarded as having such an impairment.

CERTIFICATION OF DISABILITY

In my professional opinion, _____ does does not **(please check one)** meet the definition of an Individual with a Disability, as defined above.

Signature Date

Printed Name and Title Telephone / FAX Number

Address City State Zip

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.