

Los Angeles County Development Authority
REASONABLE ACCOMMODATION INFORMATION

****Do you or any household member need an accommodation because of a Disability?***

A *reasonable accommodation* is an exception to a Los Angeles County Development Authority (LACDA) rule, policy or procedure so that a person with disabilities may fully access any housing program and live in and enjoy their unit. LACDA committed to ensuring fair housing for the applicants and participants of all housing program the agency administers.

Do I Qualify For a Reasonable Accommodation?

Reasonable accommodations are only granted to individuals with a disability to remove disability-related barriers to housing. For purposes of reasonable accommodation, you are considered disabled if you are:

- (1) An individual with a mental or physical impairment that limits one or more major life activities, or
- (2) An individual who is regarded as having such an impairment; or
- (3) An individual who has a record of such impairment.

How Do I Ask For a Reasonable Accommodation?

If you require a reasonable accommodation, please complete the attached form and send it to your case worker at LACDA. You must fill in all information on the form as LACDA may have to verify that you have a disability and that the request is necessary to remove any potential barriers to your housing.

Can Someone Ask For a Reasonable Accommodation on My Behalf?

Yes, with your permission, someone else (such as, your family or caretaker) may request a reasonable accommodation on your behalf.

How Long Do I Have to Wait For An Answer?

Once you submit a request for reasonable accommodation, LACDA will issue a decision within 30 calendar days.

Do I Have to Accept An Alternative Accommodation?

If you request a reasonable accommodation, LACDA has the right to recommend alternatives to your request that would just as effectively remove the barrier to your housing. You are not required to accept the alternative accommodation if you feel it would not remove any barriers to your housing.

Can My Request For a Reasonable Accommodation Be Denied By the Housing Authority?

Yes, your request may be denied if the request:

- (1) Fundamentally alters the nature of the program, or
- (2) Would create an undue administrative or financial burden, or
- (3) You did not provide sufficient information to determine if the requested accommodation is necessary or disability-related.

What Do I Do If My Request Is Denied?

If your request for a reasonable accommodation is denied for any reason, you may submit a written appeal within 15 days of the denial to:

Los Angeles County Development Authority
Attention: 504/ADA Coordinator
700 W. Main Street
Alhambra, CA 91801

REQUEST FOR REASONABLE ACCOMMODATION

INSTRUCTIONS: The REQUESTOR completes and signs Section I. A qualified professional who has knowledge of the disability completes and signs Section II. The Los Angeles County Development Authority (LACDA) will review your request as soon as we receive this completed form.

SECTION I. REASONABLE ACCOMMODATION REQUEST

Name of Disabled Individual:	Address:
Last Four Digits of Social Security Number: XXX-XX-	Phone number:
Please <u>describe</u> the accommodation you are requesting:	

CERTIFICATION

The person filling out this form is: The individual in need of an accommodation
 An authorized representative of the Disabled Individual in need of an accommodation

I certify that by signing below, the person in need of the accommodation is a person with disabilities under the following definition:

- (1) An individual with a mental or physical impairment that limits one or more major life activities; or
- (2) An individual who is regarded as having such an impairment; or
- (3) An individual who has a record of such impairment.

Release of Information Authorization (completed by disabled individual or authorized representative)

I hereby authorize the release of information regarding the need for a reasonable accommodation. I understand that the information LACDA obtains will be kept confidential and used solely to determine if an accommodation should be provided.

Print Name

Signature

Date

SECTION II. STATEMENT OF KNOWLEDGEABLE PROFESSIONAL

The above individual has indicated you are a qualified professional who is knowledgeable about his/her disability. He/she has signed the release above, authorizing you to confirm his/her statement of disability and resulting need for the reasonable accommodation stated above. Please take a moment to complete this portion of the form. You may use the back if necessary. Since you may be called for to confirm the necessity of this request, please keep a record of this form on file. Once complete, mail back to:

Los Angeles County Development Authority
700 W. Main Street
Alhambra, CA 91801

1. Is the accommodation requested necessary for the requestor to enjoy the use of their home or common grounds and/or have meaningful access to housing programs? (Please be specific):

2. Without disclosing confidential medical information or diagnoses, please explain the connection between the individual's disability and the requested accommodation:

3. Is there an alternative accommodation that would be as effective as the requested accommodation in removing any barriers to the requestor's housing? _____

4. If the disability is temporary in nature, please provide an estimated date you expect the disability to end: _____

I certify that the individual in need of the above stated accommodation is a disabled individual who at minimum meets the definition of disability listed below:

- (1) An individual with a mental or physical impairment that limits one or more major life activities; or
- (2) An individual who is regarded as having such an impairment; or
- (3) An individual who has a record of such impairment.

By signing below, I certify that the foregoing information is true and correct to the best of my knowledge.

Warning: Any person who signs this statement and who willingly states as true, any matter which he/she knows to be false, is subject to the penalties prescribed for perjury in Section 118 of the California Penal Code and Section 11054 of the Welfare and Institutions Code.

Print Name and Title

Signature

Date

Street Address

City, State, and Zip

Phone/Contact number