

REASONABLE ACCOMMODATION/MODIFICATION POLICY

HEALTH OR SOCIAL SERVICE PROFESSIONAL FORM

*This form is for use only when the individual in need of an accommodation/modification is a person whose disability is not readily apparent or known OR the relationship between the person's disability and needed accommodation/modification is not readily known or apparent. An individual may also provide the information sought in this form through alternate means (e.g. letter from treating physician, etc.). This form may be completed medical professional, peer support group, non-medical service agency, or a reliable third party who is in a position to know about the individual disability.

Resident's Name: _____ Date of Request: _____

Type of Animal: _____ (if requesting an assistance animal)

***TO BE COMPLETED BY HEALTH OR SOCIAL SERVICE PROFESSIONAL OR
RELIABLE THIRD PARTY***

Please complete this form to assist us in determining whether or not to grant the requested accommodation/modification.

_____ [name of patient/individual] has a disability¹²: Yes [___] No [___]

The requested accommodation/modification is necessary to afford the person the equal opportunity to use and enjoy their dwelling. Yes [___] No [___]

If the requester is requesting an assistance animal:

The presence of the animal alleviates one or more identified symptoms or effects of the person's disability: Yes [___] No [___]

¹ For this purpose, a person with a disability is defined as a person with a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such an impairment, or a person with a record of such an impairment. Physical or mental impairments include, but are not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism. The term "substantially limits" suggests that the limitation is significant or to a large degree. The term "major life activity" means those activities that are of central importance to daily life, including but not limited to seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

² Information verifying that the individual meets the definition of disability can usually be provided by the individual themselves (ie. Proof of Supplemental Security Income for someone under 65, Social Security Disability Insurance benefits, or a credible statement by the individual). 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 also provide verification of a disability.

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Please describe the relationship between the person's disability and the need for the requested accommodation/modification:

Name & Title of person supplying information (print legibly):

Signature: _____ Date: _____
