○ E ○ OS
○ O I ○ PC
○ O II ○ SP

OAKLAND HOUSING AUTHORITY
1540 Webster St. Oakland, CA 94612
(510) 587- 2100
http://www.oakha.org

Request for Reasonable Accommodation

All sections of pages 1 and 2 **must** be filled out.

Head of Household: _____ Client #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

A Reasonable Accommodation (RA) is defined as: a special accommodation that is needed to provide a person with a disability full and equal access to the Oakland Housing Authority (OHA)'s programs and services.

A person with a disability is defined as: any person who has a physical or mental impairment that limits one or more of the person's major life activities, or who has a record of having, or being perceived as having, a physical or mental impairment.

1.) _____, is a person with a disability and needs **one** of the following accommodations to fully access OHA's programs and services:
(write **only one** family member's name per form)

☐ Additional Bedroom for the family member named above, in question #1.

☐ Additional Bedroom for medical equipment.

☐ Service or Companion Animal

☐ Unit Transfer or Ground Floor Unit

☐ Exception to OHA's Portability Policy.

- **You must also complete and submit the *Request for Exception to Portability Policy* form that was enclosed with your Portability Denial letter.**

☐ Other. Describe what is needed: _____.

2.) What major life activities are limited by the person's disability?
Do **not** write down any symptoms or the name of the disability / health condition(s).

_____

_____

_____

_____

3.) How long will this accommodation be needed? _____ Months or _____ Years

4.) Provide the name and contact information of the doctor, health care provider, or other qualified individual who can verify the need for the requested accommodation:

Name: _____ Title: _____

Address: _____ Email: _____

City: _____ State: _____ Zip:_____

Phone Number: _____ Fax Number: _____

5.) **Is the individual named in question #4 affiliated with Kaiser Permanente?** (circle one): Yes No

- If Yes: once you have completed pages 1 and 2 of this form, take them (along with the Kaiser Permanente *Certification Of Need For Reasonable Accommodation* cover letter and blank certification form) to the Medical Secretaries Department at the Kaiser facility where the family member named in question #1 receives care.

  Once the health care provider is done, pick up all five pages from Kaiser, and submit them to OHA.

- If No: once you have completed pages 1 and 2 of this form, submit them to OHA.

PATIENT AUTHORIZATION

By signing below, I am authorizing the above-named doctor, health care provider, or other qualified individual to release information to the Oakland Housing Authority, relative to my physical or mental impairment, in order to verify my need for the reasonable accommodation I have requested on this form.

Signature _____ **Date**_____

Printed Name _____

Check box if you: ☐ are the Parent/Guardian signing for a minor ☐ have Power of Attorney or Conservatorship

⚠ This form must be signed and dated by the family member who needs the reasonable accommodation, unless they are:

- a minor (less than 18 years old). The adult who is legally responsible for the minor must sign.
- an adult who is unable to sign. The signer must submit all pages of the Power of Attorney or Conservatorship document, showing that they have authorization to sign on the adult's behalf, regarding their housing assistance.

Language translation services are available in 151 languages at all offices at no cost.

所有辦公地點都會免費提供 **151** 種的外語翻譯服務。

Los servicios de traducción en 151 idiomas están disponibles en todos las oficinas sin ningún costo.

Trương chình thông dịch đây đủ cho tơí 151 tíêng nói mỉêng phí cho qúy vị đang có tạy nhìêu văng phòng gần đây.