



TACOMA HOUSING AUTHORITY

REQUEST FOR INFORMATION FROM THIRD PARTIES CONCERNING REASONABLE ACCOMMODATION THA FORM CR-10(10)

Individual Requesting Accommodation:

Name of Head of Household:

Dear Knowledgeable Professional:

Please read this form completely – the information provided here is very important. The individual listed above has identified themselves as being disabled under the Fair Housing Act and has asked for an accommodation from the Tacoma Housing Authority (THA) to meet housing-related needs necessary to remove, alleviate, or mitigate barriers to their housing or housing programs due to their disability-related limitations.

THA grants reasonable accommodation requests based, if necessary, on verification of need from a professional who is knowledgeable about the individual's situation and competent to render an opinion. Such verification may be from a physician, or other medical or non-medical service agency professional, or other knowledgeable professional. Verification could include but not be limited to:

- Verification that the person is a qualifying person with disabilities.
- Verification that there is a direct relationship (“nexus”) between the nature of the person's disabilities and the accommodation requested.
- Verification that the accommodation is necessary for the person to have equal opportunity to participate in or access THA's programs and services.

Please complete and return this form to Tacoma Housing Authority (THA). **Confidential medical records will not be accepted.**

THA appreciates your timely response to this request. If you have any questions, please contact me:

Julie Nelson, Fair Housing and Compliance Specialist

902 S L Street, Tacoma, WA 98405

Phone: (253) 448-2728

Fax: (253) 627-2606

civilrights@tacomahousing.org

The individual is requesting the following accommodation(s):

Instructions for Qualified Professional: Please respond to the four questions below.

Section Step I – Verification of Disability

An “individual with a disability” is any person who has a physical, mental, or emotional impairment that limits one or more life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

The term “physical or mental impairment” includes, but is 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, mental retardation, emotional illness, drug addiction and alcoholism. The definition of an “individual with a disability” does not include a person whose current use of alcohol or drugs is the barrier that prevents the person from participating in THA’s housing program and services. (A more detailed definition is provided in the Code of Federal Regulations at 24 CFR 8.3, which THA staff would be glad to provide to you.)

1. Does the person named above qualify as an “individual with a disability,” according to this definition?

YES NO Unable to verify

Step II – Verification of Nexus

Please refrain from disclosing the individual’s particular disability, diagnosis, or medical condition, if possible.

2. Are you knowledgeable about this individual’s situation? YES NO

REQUIRED: Please provide an explanation showing the direct relationship (“nexus”) between the nature of the person's disability and the requested accommodation. (Ex: Client’s disability impacts their balance and mobility, which is why they are requesting grab bars.)

Step III – Verification of Need

Please refrain from disclosing the individual’s particular disability, diagnosis, or medical condition, if possible.

3. Is the requested accommodation NECESSARY for the person to have equal opportunity to participate in or access THA’s programs and services?

YES NO Unable to verify

Comments:

Qualified Professional:

Signature

Date

Print Name

Title

Agency or Affiliation

Phone

Email

**Please return completed form to Tacoma Housing Authority
using one of the following options:**

Mail: Attn Civil Rights, 902 S L St, Tacoma, WA 98405

Email: civilrights@tacomahousing.org

Fax: Fax: (253) 627-2606