

Reasonable Accommodation Fact Sheet

Notice of Your Right to a Reasonable Accommodation

If you are a person with disabilities and you need:

- A change in a policy, practice, or procedure that would give you an equal chance to access the housing program and/or
 - A change in the way we communicate with you or give you information,
- you may ask for this kind of change, which is called a Reasonable Accommodation.

Note: If you require a Reasonable Accommodation pertaining to your access to a specific housing property or unit, OR if you require a Reasonable Modification, i.e., a physical change to the property or unit, please submit your request to the property's Owner or Manager.

Your Request

Contact the Department of Housing to make a request for a Reasonable Accommodation. You will be asked to complete the Request for a Reasonable Accommodation Form, which the Department will use to track and verify your request. You only need to complete Page 2 of this document. Notify staff if you need assistance in completing the form.

Verification of Need

You MAY be asked to allow us to verify that you are a person with disabilities, your need for this accommodation, and the connection between your disabilities and the request.

Our Response

We will give you an answer within 14 days from the date of your request, unless we are unable to obtain necessary information to process your request, or unless you agree to a longer time. We will notify you if we need more information from you or if we would like to discuss other ways we can meet your needs.

A request for a reasonable accommodation may be denied if providing the accommodation is not reasonable, *i.e.*, it would impose an undue financial and administrative burden on the Department or it would fundamentally alter the nature of the housing program. If your request is denied, we will explain the reasons in writing and you can provide us with more information, if you think that will help. You may also appeal our decision.

Confidentiality

All information you provide will be kept confidential and will only be used to help us make a determination. It is illegal for us to deny you any services or retaliate against you because you made a Reasonable Accommodation Request.

How to Appeal a Decision

If you do NOT agree with our decision, you may submit your appeal *in writing* to: Department of Housing, Attn: Michael Santoro, 505 Hudson St 2nd Floor, Hartford, CT 06106.

CT811 Reasonable Accommodation Request Form

For DOH Agency Use Only			
<input type="checkbox"/> Applicant	<input type="checkbox"/> Received:	<input type="checkbox"/> Approved:	Client ID:
<input type="checkbox"/> Participant	<input type="checkbox"/> Verified:	<input type="checkbox"/> Denied:	

Applicant/Participant Request or a Reasonable Accommodation

I am an Applicant/Participant of the CT811 program and I claim to have a disability that limits my ability to equally access the housing program.

Applicant/Participant's Name:
Address:
Phone:

As a result of my disability, I am requesting the following Reasonable Accommodation(s):

- A change in a policy, practice or procedure: (Please specify)

- A change in the way I am communicated with or given information to: (Please specify)

Third-Party Verification

The following Third-Party Professional can verify my request. (List a Medical or Mental Health Professional, which can include a Clinical Social Worker)

Professional's Name:
Firm/Organization Name:
Address:
Phone Number:
Fax Number:

Authorization for the Release of Information

I authorize the State of Connecticut Department of Housing to contact the Third-Party Professional listed above to verify that I am disabled, that I need this accommodation, and that there is a connection between my disability and this request.

Signature: _____ Date: _____

CT811 Reasonable Accommodation Request Form

Verification

The Applicant/Participant that signed this form has requested a Reasonable Accommodation(s) and has listed you as a Third-Party Professional who can verify this request. Please answer the following questions

- A. Do you believe the individual is someone with a physical or mental impairment that substantially limits one or more major life activities, someone who has a record of such an impairment, or someone regarded as having such an impairment?

Yes

No

Cannot Verify

- B. Do you believe the accommodation is necessary, is related to the person's disability, and will achieve its stated purpose?

Yes

No

Cannot Verify

- C. Is there any other information that would be helpful in making the appropriate accommodation for this person? (Please do not discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.)

Name of Person Supplying the Information:

Title, Firm/Organization:

Signature: _____ Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.