

## PASADENA COMMUNITY DEVELOPMENT COMMISSION

### NOTICE OF RIGHT TO REQUEST A REASONABLE ACCOMMODATION

A participant or applicant must first ask for a specific change to a policy or practice as an accommodation of their disability before the Pasadena Community Development Commission (PCDC) will treat a person differently than anyone else. The PCDC policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize the housing program and related services. This policy is intended to afford persons with disabilities an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as those who do not have disabilities.

**To be eligible to request a reasonable accommodation, the requester must first certify (if apparent) or verify (if not apparent) that the family member is a person with a disability under the following ADA definition:**

A physical or mental impairment that substantially limits one or more of the major life activities of an individual;

A record of such impairment; or

Being regarded as having such an impairment

If the family meets the above definition, they must first complete the Request for a Reasonable Accommodation form found on the reverse side of this page. Once completed, it must be submitted to the housing authority.

Once the person's status as a qualified person with a disability is confirmed, the PCDC will require that a professional third party competent to make the assessment provides written verification that the person needs the specific accommodation due to their disability and the change is required for them to have equal access to the housing program.

If the PCDC finds that the requested accommodation creates an undue administrative or financial burden, the HA will deny the request and/or present an alternate accommodation that will still meet the need of the person.

An undue administrative burden is one that requires a fundamental alteration of the essential functions of the PCDC.

An undue financial burden is one that when considering the available resources of the agency as a whole, the requested accommodation would pose a severe financial hardship on the PCDC.

The PCDC will provide a written decision to the person requesting the accommodation within **a reasonable time**. If a person is denied the accommodation or feels that the alternative suggestions are inadequate, they may request an informal hearing to review the PCDC decision.

Reasonable accommodation will be made for persons with a disability that requires an advocate or accessible offices. A designee will be allowed to provide some information, but only with the permission of the person with the disability.

All PCDC mailings will be made available in an accessible format upon request, as a reasonable accommodation.

#### **Verification of Disability**

The PCDC will verify disabilities under definitions in the Fair Housing Amendments Act of 1988, Section 504 of the 1973 Rehabilitation Act, and Americans with Disabilities Act.

If you have any questions, please call Pasadena Community Development Commission at (626) 744-8300 or TDD 711.

**REQUEST FOR A REASONABLE ACCOMMODATION**

Head of Household: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

- 1. The following household member, \_\_\_\_\_, has a disability that meets the following definition:

*Disability: A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.*

- 2. Describe the needed accommodation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Show the relationship between the person's disability and the need for the requested accommodation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4. List the name of the licensed physician and/or medical provider who can verify the disability and the need for the accommodation requested. This should be the individual providing professional services that relate to the disability.

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

The Pasadena Community Development Commission will mail a verification form to this individual. Hand-delivered verifications **will not** be accepted as a form of official verification to approve your request.

**Authorization to Release Information:** I authorize the care provider listed above to disclose relevant information to the Pasadena Community Development Commission regarding the need for a reasonable accommodation. I understand the information the PCDC obtains will be kept confidential and used solely to determine if an accommodation should be provided.

**PATIENT INFORMATION:**

Patient's Signature: \_\_\_\_\_

(If patient is a minor, the legal guardian/parent signature is required.)

Print Name \_\_\_\_\_

Date: \_\_\_\_\_ Patient Ref. Number: \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_