

HOUSING AUTHORITY OF THE CITY OF NEW HAVEN

**REASONABLE ACCOMMODATION REQUEST/ SPECIAL UNIT REQUIREMENT(S)
QUESTIONNAIRE**

This questionnaire is to be administered to every applicant of the Housing Authority of the City of New Haven (HANH). It is used to determine whether an employee, applicant's family, or resident needs special features within their work area or housing unit. The need for special adaptations must be verified in order to assure the employee's needs are met and a limited number of units with special features go to families that actually need the features.

Applicant Name _____	Telephone No. _____
Applicant Address _____	_____
Applicant Date of Birth _____	_____
Interview Conducted By _____	Date _____

1-5 For Housing applicants and Residents only

- The following member of my household has a disability as defined below:
(A physical or mental impairment that substantially limits one or more life activities; or a record of having such impairment; or regarded as having such an impairment)

Name: _____ Relationship or association with you*

*If on the behalf of a minor child, please indicate if you are the parent or the guardian.

- As a result of this disability, I am requesting the following reasonable accommodation: (Please check one or more boxes below.):

Special Unit

- | | |
|--|--|
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> One-level unit | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> Accommodation for a Live-In Attendant | <input type="checkbox"/> Bedroom & Bath on 1st floor |
| <input type="checkbox"/> Extra Bedroom | <input type="checkbox"/> Other _____ |

- Can you and all family members use the stairs unassisted? Yes No

If no, please indicate how HANH should accommodate your family: _____

- If you or any of your family members need a live-in aide to assist you, please explain:

5. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.

6-7 For employees only

6. Will you need a reasonable accommodation in order to perform your job duties? Yes [] No { }

7. If you answered Yes, please explain exactly what you need to accommodate your situation:

FOR ALL APPLICANTS

I authorize the New Haven Housing Authority to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information HANH may contact the following providers: psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, nonmedical service agency whose function is to provide services to the disabled or other expert in the field of _____

(Note: You may present verification directly to HANH).

Name of Expert: _____

Title of professional or expert: _____

Agency, Facility or Institution: _____

Address: _____

Phone: _____ Fax: _____

I understand that the information obtained by HANH will be kept confidential and used solely to make a determination on my reasonable accommodation request. Please return this form as promptly as possible so that HANH may make a determination on this request.

Sign Name: _____ Date: _____

Print Name: _____

Where the individual with the disability is over 18 and is not the head of household, he or she must also sign the authorization verification.

Signature of person over 18 with a disability: _____ Date: _____