

# MEMORANDUM

TO: Persons Requesting a Reasonable Accommodation  
FROM: District of Columbia Housing Authority  
RE: General Principles to Requests for Reasonable Accommodations  
DATE: December 1, 2001

## GENERAL PRINCIPLES TO REQUESTS FOR REASONABLE ACCOMMODATIONS

- A. The person requesting the reasonable accommodation is usually an expert in regard to his or her own disability and the accommodations that may be appropriate. Generally, we presume that the information the person provides concerning his or her own needs is accurate and the method proposed for accommodating those needs is the most appropriate.
- B. This procedure for evaluation and responding to requests for a reasonable accommodation relies on a cooperative relationship between us and the applicant/resident. The process is not adversarial.
- C. The Form, "Request for a Reasonable Accommodation" is designed to help us and applicants/residents. If an applicant/resident does not, or cannot, use the Form, DCHA will reduce the request for an accommodation to writing and process it in accordance to its policies.
- D. If the accommodation is reasonable, we will grant it (see principle F below).
- E. Where the reasonable accommodation is requested by an applicant in order to overcome negative information, or by a resident in order to overcome a lease violation, we will make the following additional determinations: 1) the essential impact of the negative information or lease violation and 2) whether the requested accommodation eliminates or satisfactorily reduces the essential impact, so that the person can occupy the housing with a reasonable expectation of success. If the requested accommodation is reasonable and produces the reasonable expectation of success, we will grant the request.
- F. Reasonable accommodations will be focused on the person and designed to address each person's situation.

## EXAMPLES OF REASONABLE ACCOMMODATION METHODS

The following are examples of modification which may constitute reasonable accommodations for individual residents. The accommodations listed below will not necessarily be available to all residents in all developments. They may not be structurally practicable in all apartments or developments.

### **I. Apartment Entrance and/or Interior Doors**

- Widen doors
- Rehang door to lay flat against a wall when opened
- Rehang door to swing out instead of into a space
- Add or adjust "door closer"
- Adjust door for appropriate opening force for disabled persons
- Provide lever type or other accessible door handles
- Provide lower peep holes or "telescoped" peep holes for people with mobility impairments
- Attach a flashing light signal to door bell for individuals with hearing impairments
- Bevel any changes in pathway level that exceed ¼" in height
- Utilize different/proper color paint for doors or around doorways, windows or baseboards for people with sight impairments

### **II. Apartment Interiors**

- Cover or protect exposed hot water pipes in bathroom or kitchen or where hot water is used for heating purposes
- Utilize different/proper color paint for doors or around doorways, windows or baseboards for people with sight impairments

### **III. Apartment Closets**

- Provide accessible or adjustable closet rods and shelves

### **IV. Apartment Bathrooms**

- Provide wider bathroom door
- Provide lever type faucets
- Lower wash basin
- Lower mirror
- Provide accessible toilet
- Relocate toilet paper dispenser
- Provide grab bars in toilet and/or tub area
- Provide seat for tub
- Provide hand-held shower device
- Relocate bathtub and/or shower controls
- Provide roll-in shower or shower with seat

**V. Apartment Kitchens**

- Lower kitchen sink
- Provide lever type faucets
- Provide accessible kitchen cabinets
- Replace cabinet handles or door pulls with accessible handles
- Provide kitchen counter work space
- Provide accessible refrigerator with freezer at proper height or on the bottom
- Provide accessible range with controls on front for people with mobility impairments, or with tactile controls for individuals with visual impairments

**VI. Apartment Windows**

- Provide windows which only require five pounds of force to open; provide crank type opening mechanism with large levers or push rods, if possible

**VII. Apartment Smoke Detectors/Fire Alarms**

- Provide visual/audible fire alarm system for individuals with hearing impairments with additional alarm stations in bedrooms and bathrooms

**VIII. Building Elevator**

- Adjust automatic door to close less quickly
- Relocate operating panel
- Adjust elevator to ensure that cab stops level with floor
- Provide a floor signaling method for individuals with hearing impairments
- Provide raised/braille numbers/lettering that are properly located for individuals with visual impairments

**IX. Trash Disposal Facilities**

- Provide accessible trash compactor or other accommodation

**X. Receipt of Mail**

- Provide accessible mailbox, such as lower height or other accommodation

**XI. Laundry Facilities**

- Common laundry facilities, where provided – Provide an accessible laundry facility; provide at least one front loading washer and one front loading dryer or other accommodation



**XII. Building Entrances & Routes (to residential buildings, management offices, parking)**

- Provide accessible signage
- Rehang door to lay flat against a wall when opened
- Rehang door to swing out instead of into a space
- Add or adjust door closets
- Adjust door for appropriate opening force for disabled persons
- Provide lever type or other accessible door handles
- Bevel any changes in pathway level that exceed ¼" in height
- Utilize different/proper color paint for doors or around doorways, windows or baseboards for people with sight impairments
- Provide accessible entrance
- Provide accessible route to apartment, management office, parking
- Provide accessible hallway
- Provide accessible maneuvering space at door
- Replace stairs/risers to comply with UFAS

**XIII. Common Areas (For example, Community/Senior Center, Laundry Room)**

- Provide accessible signage
- Add handrails at stepped locations
- Add edge protection to ramps
- Widen doors
- Rehang door to lay flat against a wall when opened
- Rehang door to swing out instead of into a space
- Provide accessible or adjustable closet rods and shelves
- Raise or adjust objects that protrude into an accessible route or interfere with required headroom
- Provide lever type faucets in bathrooms
- Provide accessible toilets in bathrooms
- Provide grab bars in bathrooms
- Lower bathroom mirrors
- Provide extra electrical outlets for tty equipment/personal alarms
- Provide heavier electrical circuits to handle higher wattage bulbs for sight-impaired persons and personal alarms for deaf persons
- Provide visual/audible fire alarm system for individuals with hearing impairments
- Provide accessible kitchen cabinets, where kitchen is commonly used by residents
- Provide kitchen counter work space which is accessible to a wheelchair user, where kitchen is commonly used by residents
- Provide accessible refrigerator, where kitchen is commonly used by residents
- Provide accessible range, where kitchen is commonly used by residents

**REQUEST FOR REASONABLE ACCOMMODATION**

On this form you may request that the Housing Authority provide reasonable accommodations to any member of your household who has a disability, so that your household members can better use your residence, or the Housing Authority's facilities or programs.

For this purpose, please complete this form. You must date and sign your name at the bottom and return this form to your property manager's office. If you need help in understanding what disabilities or reasonable accommodations are, would like additional information regarding the rights of persons with disabilities, or need help in completing this form, you may contact the DCHA Housing Choice Voucher Program office or the Housing Authority ADA/504 Coordinator.

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Date of Request

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Social Security Number

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Name of Applicant/Resident/Participant

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Telephone Number

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Address

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City / State / Zip Code

1. This is the reasonable accommodation I request (examples of requests attached):

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2. I request it for (name) \_\_\_\_\_

3. My reason for requesting this accommodation (why): \_\_\_\_\_

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4. A physician, licensed health professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

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Signature of Participant

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Date

**RELEASE OF MEDICAL INFORMATION**

RE: \_\_\_\_\_  
Please print disabled household member's name

DATE: \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
Please print health care provider's full name

to consult with representatives of the District of Columbia Housing Authority, in writing, in person, or by telephone concerning the physical or mental impairment(s) that I assert qualify the patient as a person with a disability and to provide any information that the agency requests concerning the impairment(s) and the patient's housing needs.

\_\_\_\_\_  
Signature (Disabled Household Member/Affected  
Family Member/Parent/Legal Guardian)

PLEASE PRINT

Health Care Provider's Name \_\_\_\_\_

Health Care Provider's Address \_\_\_\_\_

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

Health Care Provider's Phone \_\_\_\_\_

Health Care Provider's Fax \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
HCVP Participant Requesting AccommodationAddress: \_\_\_\_\_  
\_\_\_\_\_

Re: Disability Verification

Dear HCVP Participant:

You have indicated that you, or a member of your household, need a reasonable accommodation in connection with a District of Columbia Housing Authority residence, facility or program because of a disability. A physician, licensed health professional, or a professional representing a social service agency, disability agency or clinic may verify this information.

The District of Columbia Housing Authority will use the information as it is provided to evaluate your request for a reasonable accommodation and will keep it confidential pursuant to law. **If you choose not to authorize the release of this information, we will no longer consider your request for a reasonable accommodation.**

MODIFICATION/ACCOMMODATION REQUESTED: \_\_\_\_\_

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

AUTHORIZATION TO RELEASE INFORMATION  
*[To Be Completed by HCVP Participant]*

Re: Household member with disability \_\_\_\_\_

I hereby authorize the release of information to the District of Columbia Housing Authority regarding the request for reasonable accommodation(s) described on this form. This release shall constitute a waiver of the confidentiality of our relationship, if any.

\_\_\_\_\_  
Affected Family Member/Parent/Legal Guardian (print and sign)      Date

\_\_\_\_\_  
Relationship to Disabled Household Member



# DISTRICT OF COLUMBIA HOUSING AUTHORITY HOUSEHOLD VERIFICATION FORM

HEAD(S) OF HOUSEHOLD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CURRENT VOUCHER SIZE: \_\_\_\_\_

| Name(s) of all Members of Household | Relationship to Head(s) of Household | Sex | Age |
|-------------------------------------|--------------------------------------|-----|-----|
|                                     | <b>HEAD OF HOUSEHOLD</b>             |     |     |
|                                     |                                      |     |     |
|                                     |                                      |     |     |
|                                     |                                      |     |     |
|                                     |                                      |     |     |
|                                     |                                      |     |     |
|                                     |                                      |     |     |

**REASON FOR TRANSFER REQUEST:**

- ☐ Emergency Transfer (to alleviate immediate threat to health and/or safety)
- ☐ Reasonable Accommodation (household member requires dwelling unit with accessible features)
- ☐ Over/Under Housed (current unit is too large/small for household)
- ☐ Other (Specify): \_\_\_\_\_

Date: \_\_\_\_\_ Signature(s) of Head of Household \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Received by Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Supporting Documents Attached: ☐ Yes ☐ No



***DISTRICT OF COLUMBIA HOUSING AUTHORITY  
LIVE-IN AIDE INFORMATION FORM***

This form is with regard to your reasonable accommodation request for a live-in aide and requires that you provide the Housing Choice Voucher Specialist with information on the person you have identified to become your live-in aide. **In addition, the person chosen to become your live-in aide will be notified at a later date by the Client Placement Division ("CPD") for a final eligible interview.**

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

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

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

*Please Print*

**LIVE-IN AIDE INFORMATION:**

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Please Print*

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date