

TO: Providence Housing Authority  
 100 Broad Street  
 Providence, Rhode Island 02903  
 Attn: Section 504 Coordinator

**REASONABLE ACCOMMODATION REQUEST  
 FOR RESIDENTS/APPLICANTS**

NAME: \_\_\_\_\_ TDD/Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City ZIP

**TO BE COMPLETED BY THE RESIDENT OR APPLICANT**

Currently I am: (check one)

- Applying for the public housing wait list
- Certified and looking for a unit
- Other: \_\_\_\_\_
- An applicant on the waiting list
- Living in a public housing unit

A. The following member of my household has a disability which is defined as: [A person with a mental or physical impairment that substantially limits one or more major life activities or has a record of having or being regarded as having such an impairment]:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

B. As a result of this disability or functional limitation, I am requesting the following changes/accommodation so that I/he/she may have access to ProvHA programs and services: **[please describe]** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. The ProvHA may verify the disability/functional limitation and the need for this accommodation request with the following health care provider, rehabilitation professional, social worker, non-medical service agency or other expert in the field of: \_\_\_\_\_

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

Agency: \_\_\_\_\_ Phone # \_\_\_\_\_

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

D. By signing this form, I give **permission** to the person listed in Section C above, to fully complete the *Verification of Need Form (ProvHA` RA-1A)* concerning the disability or functional limitations(s) that I have disclosed and forward the completed form to the ProvHA. I understand that the information the ProvHA obtains will be kept confidential and used solely to verify the need for an accommodation.

By signing this form, I also **certify** that the information I provided on this form is complete, accurate and true to the best of my knowledge.

Resident / Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY: Log Number:** \_\_\_\_\_

The Reasonable Accommodation Log is maintained by the 504 Coordinator who assigns a Log (tracking) Number.

**PLEASE NOTE:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$250,000 and/or imprisonment of not more than 5 years.



TO: Providence Housing Authority  
 100 Broad Street  
 Providence, Rhode Island 02903  
 Attn: Section 504 Coordinator

## VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

PERSON NEEDING ACCOMMODATION: \_\_\_\_\_ TDD/Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City ZIP

### Section 1: Resident/Applicant Authorization To Release Information

By signing this form, I authorize my health care provider, rehabilitation professional, social worker, non-medical service agency or other experts (assistance providers) to complete this form for me (or a family member) and forward it to the Section 504 Coordinator at the ProvHA.

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

### Section 2: Professional Opinion and Signature of Assistance Provider / Professional:

Dear Sir/Madam:

The above named person has expressed a need for an accommodation to their housing, a program, policy, or service of the Providence Housing Authority (ProvHA). You have been named by the Requestor as a person **who can verify their need for this accommodation**.

The Requestor has given their permission for the ProvHA to verify that they have the stated disability/functional limitation that requires the requested accommodation. A copy of the Requestor's signed *Reasonable Accommodation Request Form ProvHA RA-1* (Request Form) is attached. **Note: Do not disclose the resident's disability or provide his/her medical records.**

#### A. **DETERMINATION OF DISABILITY** – Please indicate, in your professional judgment, whether the **person needing an accommodation** has a disability as per this definition:

*“Have a physical or mental impairment which substantially limits one or more major life activities; have a history of, or who are regarded as having a physical or mental impairment that substantially limits one or more major life activities<sup>1</sup>; or being regarded as having such an impairment.”* [Please check Yes or No]  YES  NO

**IF YES, PLEASE COMPLETE SECTIONS B & C      IF NO PLEASE COMPLETE SECTION C**

#### B. **DETAILS OF THE ACCOMMODATION REQUEST** – The Requestor has expressed a need for a special feature or changes within the unit, building or site (1 & 2 below) or in a policy, procedure, program or service (3 & 4 below) to accommodate their need.

1. **Changes in the unit/ building/ site:** Describe the problem with the unit, building or site that the person requesting the accommodation is having.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. **Major Life Activities** include caring for one's self, walking, seeing, hearing, speaking, breathing, working, performing manual tasks and learning. Some examples of impairments which may substantially limit major life activities, even with the help of medication or aids/devices, are: AIDS, alcoholism, blindness

or visual impairment, cancer, deafness or hearing impairment, diabetes, drug addiction, heart disease, and mental illness.

3. **Changes in the unit/ building/ site:** What type of changes, features or assistance is needed to address the problems identified in #1 above such as physical adaptation or modification to the apartment, building or site including assistive technology. If possible identify where any specialized equipment / technology can be obtained.

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4. **Changes in a policy procedure, program or service:** [If Applicable]. Describe the problem with a policy, procedure, program or service that the person requesting the accommodation is having.

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4. **Changes in a policy procedure, program or service:** Describe the type of changes in a policy, procedure, program or service which are needed to address the accommodation.

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**C. VERIFICATION AND SIGNATURE:**

Please indicate, in your professional judgment, whether the accommodation requested is related to the disability and necessary for the Requestor as a reasonable accommodation to the disability.

YES       NO

**PERSON PROVIDING VERIFICATION:**

Name & Title [print]: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

RETURN TO: Providence Housing Authority, 100 Broad Street, Providence, RI 02903 Attention: Section 504 Coordinator



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# PROVIDENCE HOUSING AUTHORITY



## REASONABLE ACCOMMODATION FOR PUBLIC HOUSING APPLICANTS & RESIDENTS

### POLICY ON REASONABLE ACCOMMODATION

The **Providence Housing Authority** (PHA) is committed to providing equal opportunity in its housing, programs and services and does not discriminate against residents, applicants or program participants on the basis of a disability.

It is the policy of the PHA to provide a "reasonable accommodation" (accommodation) to residents, applicants and program participants with disabilities who are otherwise qualified for housing, programs and services provided by the PHA. Any such accommodation must be financially and programmatically feasible for the PHA. An accommodation may also include provision of an appropriate auxiliary aid where such assistance is necessary to enable effective communication between the applicant or resident/client and the PHA.

### WHO IS A PERSON WITH A DISABILITY?

A person with a disability is defined as one who (1) has a physical or mental impairment that substantially limits one or more major life activities, such as caring for one's self, doing manual tasks, walking, seeing, hearing, breathing, learning and working; (2) has a record of such an impairment; or (3) is regarded by others as having such an impairment. If you are a person with a disability, you have the right to request an accommodation.

**You are not required, as a condition of application, eligibility or continued residency to provide information regarding the nature or severity of your disability. If you would prefer not to discuss your situation with anyone from the PHA, and not request a reasonable accommodation, that is your right.**

### WHAT SHOULD I DO?

- **Applicants** may request a reasonable accommodation for themselves or a family member when applying for housing by self-identifying this on the PHA Pre-Application for Public Housing in Section G or the Application in Section K. Applicants may also request an accommodation by speaking to an employee of the Tenant Selection Office with whom the applicant has contact in connection with the application process. Contact can also be made with the Tenant Selection Manager, Michelle Rocchio @ 751-6400 ext. 1321 to make a request. Applicants may also complete the PHA's "Reasonable Accommodation Request Form (PHA RA-1)" at any time in order to request an accommodation.
- **Residents** may request an accommodation from their Site Manager or a management office employee. Residents may complete the PHA's "Reasonable Accommodation Request Form (PHA RA-1)" at any time in order to request an accommodation. After completing the form, it can be turned in to the staff person who is assisting you.

### FOR QUESTIONS CONTACT THE SECTION 504 COORDINATOR:

The Section 504 Coordinator is responsible for overseeing the PHA's compliance related reasonable accommodation in all areas of the PHA's facilities, programs and services.

**CONTACT: Allan Pacific, Section 504 Coordinator**

**Telephone: 401-709-2201**

**Fax: 401-273-0732**

**REMEMBER, IF YOU HAVE A DISABILITY, AND YOU NEED AN ACCOMMODATION, YOU MAY REQUEST IT AT ANY TIME.**



**NOTICE OF AVAILABILITY OF ALTERNATIVE FORMS OF COMMUNICATION:** If you have a disability and require an alternative form of communication including, but not limited to, sign-language interpreter, or assistance completing forms, you may make your request at any time during the application process or after admission.



## PROVIDENCE HOUSING AUTHORITY

### NOTICE OF RIGHTS TO ACCESSIBLE UNITS AND REASONABLE ACCOMMODATION

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#### ACCESSIBLE UNITS

The Providence Housing Authority (Authority) is committed to providing a broad choice of living arrangements and accommodations to all eligible individuals with disabilities including a range of sizes, locations and amenities to the maximum extent feasible in our buildings. Persons with disabilities may request a dwelling unit designed specifically to accommodate individuals with mobility, hearing and/or sight disabilities. Authority units for persons with disabilities may include, but are not limited to, the following features:

#### Physically Accessible Units

5' turning radius in kitchens and baths	Lever door handles
Wheel-under electric cook tops and sinks	Side-by-side refrigerators
Accessible electric wall ovens	Accessible electric controls
Accessible showers	Grab bars in tubs
Accessible controls and flex hoses in bath/shower	Accessible routes/ramps/parking

#### Hearing/Sight Impaired Units

Doorbells attached to strobe lights for hearing impaired  
Fire alarms wired to horn for sight impaired

#### REASONABLE ACCOMMODATION

If you have a disability, and require some sort of modification to fully access and utilize the housing program or related services of the Authority, **you may request a reasonable accommodation**. Modification requests can include a special type of unit; a change or repair in your unit or some other part of the housing site; a change in the way we communicate with you or give you information; or an exception to a rule, policy or procedure.

#### GENERAL

Administrative buildings and offices of the Providence Housing are handicapped accessible with barrier free routes to buildings and parking areas. Eligible disabled applicants are advanced on the waiting list if a suitable unit becomes available. In order make units with special features available for persons in need of such features, the Authority's Dwelling Lease states: "A Tenant without disabilities who is housed in a unit with special features built in to assist a handicapped and/or elderly person must transfer to a unit without such features should a Tenant with disabilities need the unit." (§L.26).

**THE PROVIDENCE HOUSING AUTHORITY DOES NOT DISCRIMINATE IN ADMISSION, ACCESS TO,  
TREATMENT, OR EMPLOYMENT IN ITS FEDERALLY ASSISTED PROGRAMS AND SERVICES.**



For questions or additional information, please contact:  
Allan Pacific, Section 504 Coordinator  
at 401-709-2201

