

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION

TO: _____

Date _____
Cal/Manager Code _____
Unit No. _____
Reg./Client No. _____
Review Month _____

To allow equal access to its programs, HACLA may grant a reasonable accommodation to a family applying for or residing in subsidized housing if there is a clear connection (nexus) between: 1) a requested accommodation, 2) a family member's disability and 3) a HACLA program. We ask your cooperation in providing the information requested below. This information will be used only in regard to the requested accommodation. **Please do not return this form to the person named above – the form must be sent directly to the Housing Authority.** A self-addressed envelope is enclosed for your convenience in returning the form. Thank you for your assistance.

If you have any questions, please contact _____ at (_____) _____

PLEASE RETURN DIRECTLY
TO THE HOUSING
AUTHORITY NO LATER THAN

Return To: HACLA Attn: _____

Person requesting the accommodation: _____

I authorize you to: (1) Complete this certification of need for reasonable accommodations; and (2) Release information directly to the Housing Authority on this form or to further document need for the accommodation.

Signature _____ Date _____
(A parent/guardian shall sign for a minor. A requestor's conservator may sign. Adult requestors shall sign)

REQUESTED ACCOMMODATION: _____

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

A. CERTIFICATION OF DISABILITY

For the purposes of REASONABLE ACCOMMODATION, an individual has a disability if he or she 1) has a physical or mental impairment that substantially limits one or more major life activities, 2) has a record of such an impairment, or 3) is regarded as having such an impairment.

Does the above named individual meet this definition of disability? YES or NO

IF YES Circle the major life activity(ies) affected: Self-care, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; or other (Please specify) _____

B. CONNECTION (NEXUS) - DISABILITY AND REQUESTED ACCOMMODATION

IS THERE A CONNECTION (NEXUS) between the accommodation requested above and the disability?

IF NO Check this box. Go to SECTION C.

IF YES Check this box. Answer a, b & c below:

a) HOW is the accommodation linked to the person's disability? _____

b) HOW does this accommodation allow equal benefit from HACLA's program? _____

c) WHAT would be an equally effective alternative accommodation(s)? _____

Please attach an additional page if more space is needed.

C. CERTIFICATION

I certify that the information above is accurate and true.*
Signature _____ Title/Position _____
Print Name _____ Date _____ Phone No. _____
License Number: _____ AND/OR Agency Name _____
Either a license number and/or an agency name must be provided for this form to be accepted. Return this form to the Housing Authority only. Do not give or mail this form to any other agency, entity or person.

*WARNING: 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing a false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both. S504-01C (6/06)