

**DEPARTMENT OF HUMAN SERVICES
HAWAII PUBLIC HOUSING
AUTHORITY
P.O. BOX 17907
Honolulu, Hawaii 96817**

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION (LIPH)

If you have a disability and as a result of your disability you need...

- a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site;
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site;
- a change or repair to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site;
- a change in the way we communicate with you or give you information,

you may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If you can show that you have a disability and if your request is reasonable (***does not pose "an undue financial or administrative burden"**), we will try to make the changes you request.

We will give you an answer in 20 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION REQUEST FORM from your Manager at the management office.

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and common areas.

Received By: _____ Date: _____

Received By: _____ Date: _____

**DEPARTMENT OF HUMAN SERVICES
HAWAII PUBLIC HOUSING
AUTHORITY
P.O. BOX 17907
Honolulu, Hawaii 96817**

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION (S8)

If you have a disability and as a result of your disability you need...

- a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site;
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site (request needs to be made to the landlord or owner of property);
- a change or repair to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site (request needs to be made to the landlord or owner of property);
- a change in the way we communicate with you or give you information,

you may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If you can show that you have a disability and if your request is reasonable (***does not pose "an undue financial or administrative burden"**), we will try to make the changes you request.

We will give you an answer in 20 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

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Received By: _____ Date: _____

Received By: _____ Date: _____

HAWAII PUBLIC HOUSING AUTHORITY
REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM

**** This page to be completed by Requestor or office upon verbal request. Please print legibly. ****

Date: _____

AMP No. ____/Project Name (Federal or State): _____

Name of Requestor (head of household): _____

Requestor's Address (for mailing determination): _____

_____ Phone: _____

Please describe the reasonable accommodation or modification you are requesting: _____

Why do you need this accommodation/modification? _____

Did you receive the HPHA policy on reasonable accommodations?	YES	NO
Do you understand the policy and the process?	YES	NO
If "No," were your questions answered to your satisfaction?	YES	NO
Do you authorize the HPHA's Section 504 Coordinator to contact you regarding this request?	YES	NO

Contact information of doctor or other person who can verify the medical needs of (name of household member who requires an accommodation): _____

Name: _____ Title: _____

Address: _____ Phone: _____

A statement from this person verifying the need for my request (circle one) IS / IS NOT attached.

By signature below, I hereby authorize the HPHA to make any lawful inquiries as to my need for the above requested accommodation(s); specifically, whether I am an individual with a disability as defined by HUD regulations and have a need for the requested accommodation. These inquiries will not involve disclosure of the nature or extent of my disability and will be in conformance with the HUD-US Department of Justice guidance on reasonable accommodations and modifications.

Signed: _____ Date: _____

WARNING: Under Sections 17-2028-9 (federal) and 15-193-9 (state) of the Hawaii Administrative Rules, a tenant who submits false information, or makes willful misstatements may be denied continued eligibility and have the rental agreement terminated.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
HAWAII PUBLIC HOUSING AUTHORITY
1002 NORTH SCHOOL STREET
POST OFFICE BOX 17907
Honolulu, Hawaii 96817
FAX: (808) 832-4679

BARBARA E. ARASHIRO
EXECUTIVE ASSISTANT

Dear Physician or other health care professional,

The Hawaii Public Housing Authority relies on your familiarity with your client to determine whether the individual meets the medical criteria to be eligible for a reasonable accommodation for persons with disabilities in their housing accommodations with the Hawaii Public Housing Authority.

State and federal laws require housing providers to make reasonable accommodations or changes to the unit or other parts of the housing complex, or to house rules, policies, or procedures (not essential terms of the lease) if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, the unit and other facilities on site.

Individuals must:

- (1) Have a physical or emotional impairment which substantially limits one or more major life activities (functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. This list is not exhaustive);
- (2) Be regarded as having such an impairment; or
- (3) Have a record of such an impairment,

and request an accommodation that is **necessary** as a result of their disability.

_____ has requested the accommodation described on the enclosed form and signed the form requesting you to answer the questions. Please indicate on the form whether you believe the individual has a disability within the definition provided and the accommodation is necessary and will achieve its stated purpose.

Requests will be denied if:

- Questions are not completed and the form signed at the bottom of page 3.
- The accommodation requested is for therapeutic purposes only or for the patient's convenience, and is not medically necessary.
- The accommodation requested is not related to the disability.

It is you, the physician or other healthcare professional, who guarantees the integrity of the reasonable accommodation process. Should you have any questions, please contact our office at (808) 832-4690.

THANK YOU FOR YOUR COOPERATION!

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HAWAII PUBLIC HOUSING AUTHORITY

CERTIFICATE OF NEED FOR
REASONABLE ACCOMMODATION OR MODIFICATION

Tenant or Applicant Name: _____

Address: _____

Phone: _____

I have applied for or am in housing and request that you fill out the following certification.

Signed: _____ Date: _____

Please return form to: _____

Please return no later than: _____

The Tenant or Applicant is requesting as a reasonable accommodation:

Please answer ALL questions.

1. In my professional opinion, I certify that the Tenant or Applicant has a disability as defined below:

A) A physical or mental impairment that (*check one*):

substantially

moderately

minimally



limits one or more major life activities.

B) A record of having such impairment.

C) Being regarded as having such an impairment.

OR

Tenant or Applicant does not have a disability as defined above.

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2. In my professional opinion, the Tenant or Applicant's disability requires that:

- A wheelchair accessible unit be made available to the Tenant or Applicant.
- The following physical modifications to the unit or common area be made:

- The following changes to the policies or procedures be made:

- I do not believe the Tenant or Applicant needs this accommodation.

3. In my professional opinion, I certify that a nexus exists between the Applicant's or Tenant's disability and the requested accommodation, and the Applicant or Tenant requires the requested accommodation because (*i.e.*, how the accommodation would help with the life activity that is impaired by the disability):

(HPHA cannot process the request without this information)

Date: _____

Signature

Name and Title of Health Professional

Address

Phone

Thank you for your assistance in filling out this form.

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