



## HSH Permanent Supportive Housing Application

Attachment 1: Reasonable Accommodation(s) Questionnaire [to be completed by Staff]

|                       |  |
|-----------------------|--|
| <b>ONE System ID:</b> |  |
|-----------------------|--|

|                                 |  |   |  |
|---------------------------------|--|---|--|
| <b>Client's Full Name:</b>      |  |   |  |
| <b>Client's Preferred Name:</b> |  | <b>Preferred Pronouns: (ex: she/her/hers)</b> |  |

| Section 1. Reasonable Accommodation(s)   |                          |   |  |
|--|--------------------------|---|--|
| I am requesting the following reasonable accommodation(s) under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act: |                          |   |  |
| Yes  | No                       | <b>Accommodation(s):</b><br><i>Please list and briefly describe all accommodation requests.</i>   | <b>Documentation uploaded into the ONE System:</b> |
| <input type="checkbox"/>   | <input type="checkbox"/> | Service Animal(s):<br><b>Note:</b> refer to definitions in glossary. If you currently have a service animal(s) complete Section 2, below. | <input type="checkbox"/>                           |
| <input type="checkbox"/>   | <input type="checkbox"/> | Support Animal(s):<br><b>Note:</b> refer to definitions in glossary. If you currently have a support animal(s) complete Section 2, below. | <input type="checkbox"/>                           |
| <input type="checkbox"/>   | <input type="checkbox"/> | Sight Impairment:   | <input type="checkbox"/>                           |
| <input type="checkbox"/>   | <input type="checkbox"/> | Hearing Impairment:   | <input type="checkbox"/>                           |
| <input type="checkbox"/>   | <input type="checkbox"/> | Mobility Impairment:  | <input type="checkbox"/>                           |
| <input type="checkbox"/>   | <input type="checkbox"/> | Unit must have an ADA design:   | <input type="checkbox"/>                           |
| <input type="checkbox"/>   | <input type="checkbox"/> | Building must have an interior elevator:  | <input type="checkbox"/>                           |
| <input type="checkbox"/>   | <input type="checkbox"/> | Building must be ADA accessible from the street (i.e. no threshold steps):  | <input type="checkbox"/>                           |



|                          |                          |                             |                          |
|--------------------------|--------------------------|-----------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | In-unit bathroom required:  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | A live-in aide is required: | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Another accommodation:      | <input type="checkbox"/> |

**For Staff only:** required documentation is a letter from a reliable third party verifying the disability for which a reasonable accommodation is being requested.

**Note:** "A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may also provide verification of a disability".<sup>1</sup>

| <b>Section 2. Service and Support Animals</b>  |  |  |
|--|--|--|
| <p style="text-align: center;"><b>Do you have a service/support animal?</b><br/><i>If, YES, please include your service animal's:</i></p>        | <input type="checkbox"/> <b>Yes</b>            | <input type="checkbox"/> <b>No</b>             |
| Name:  |  |  |
| Sex:   |  |  |
| Weight:  |  |  |
| Breed:   |  |  |
| License #:   |  |  |
| <p style="text-align: center;"><b>Is your service/support animal spayed/neutered?</b></p>  | <input type="checkbox"/> <b>Yes</b>            | <input type="checkbox"/> <b>No</b>             |
| <p style="text-align: center;"><b>Is this animal a service animal or a support animal?</b><br/><i>Note: refer to definitions in glossary</i></p> | <input type="checkbox"/> <b>Service Animal</b> | <input type="checkbox"/> <b>Support Animal</b> |

<sup>1</sup> Source: <https://www.hud.gov/sites/documents/huddojstatement.pdf>



|   |  |  |
|---|--|--|
| <b>Do you have another service/support animal?</b><br><i>If, YES, please include your other service/support animal's:</i> | <input type="checkbox"/> <b>Yes</b>                | <input type="checkbox"/> <b>No</b>                 |
| <b>Name:</b>  |  |  |
| <b>Sex:</b>   |  |  |
| <b>Weight:</b>  |  |  |
| <b>Breed:</b>   |  |  |
| <b>License #:</b>   |  |  |
| <b>Is your service/support animal spayed/neutered?</b>  | <input type="checkbox"/> <b>Yes</b>                | <input type="checkbox"/> <b>No</b>                 |
| <b>Is this animal a service animal or a support animal?</b><br><i>Note: refer to definitions in glossary</i>              | <input type="checkbox"/> <b>Service<br/>Animal</b> | <input type="checkbox"/> <b>Support<br/>Animal</b> |



| <b>Section 3. Certifications</b>  |            |                                   |
|---|------------|-----------------------------------|
| Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the possible termination of your housing opportunity. |            |                                   |
| Printed Name of Client (Head of Household/Primary Applicant Name):  |            | Date:                             |
| Signature of Client (Head of Household/Primary Applicant Name):   |            |                                   |
| Printed Name of Client (second adult):  |            |                                   |
| Signature of Client (second adult):   |            | Date:                             |
| Staff (Printed Name):   | Title:     | Organization:                     |
| Staff (Signature):  | Signature: | Date:                             |
| <b>For Staff Use Only:</b> A signature is required from each adult (age 18+) member of the household. If there are more than two (2) adult members of the household, please collect the additional signature(s) on <b>Attachment 2:</b> Additional Signature(s).  |            |                                   |
| <b>Attachment 2:</b> Additional Signature(s):   |            | <input type="checkbox"/> attached |