



**FAIRFAX COUNTY DEPARTMENT OF HOUSING AND COMMUNITY
DEVELOPMENT (HCD)
REASONABLE ACCOMMODATION REFERRAL COVER SHEET**
(Please fill out completely)

HCD Staff Name: _____ Date: _____

Phone: _____ Fax: _____

Supervisor: _____ Lead: _____

Names of other staff to receive a copy of the decision:

Requestor Information:

Name: _____ Date of Request: _____

Phone (h): _____ (other #): _____

Check One: Applicant Tenant T#: _____

Program: _____ Property Name: _____

Manager/HHS: Please provide your comments regarding the client's Reasonable Accommodation Request, including whether you can verify the disability and need: _____

Manager/HHS: Please put the information above in the YARDI Memo file.
Do not write below this line



1. Date received by RA Officer: _____

2. RA cover sheet complete? Yes No

If the answer is No: enter date that the package is returned to HSS/Property Manager for completion _____ (Put note in Yardi memo)

3. Verification: Received with request? Yes No

4. Verification: Mailed to the approved Disability Qualified Professional _____ Date _____

Forward to: Linda Cushing- Program Manager, Fair Housing
Use Secure FAX # 703-653-1363



County of Fairfax, Virginia Toni Clemons-Porter.

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

FAIRFAX COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT REQUEST FOR A REASONABLE ACCOMMODATION

Mr. Last Name: _____ First Name: _____ T#: _____
Ms. (Print)
Mrs.

Address: _____ City: _____ Zip Code: _____

Telephone #: _____ Cell Phone #: _____ Email: _____

1. I speak English: Yes ___ No ___ Language Spoken: _____

I need a translator: Yes ___ No ___

2. I authorize (my relative, friend, etc.) to speak on my behalf. Yes ___ No ___

If yes, name of authorized person: _____

Relationship: _____ Phone #: _____ Email: _____

3. Name of your Housing Services Specialist: _____

4. Answer each of the following questions:

a) The following member of my household has a disability as defined below: (A physical or mental impairment that substantially limits one or more major life activities; has a record of having such impairment; or is regarded as having such impairment).

Name: _____

b) As a result of his/her disability the following change or changes are needed so that (the person named above) can use and access the unit and its associated premises. **Check the kind of change(s) needed:**

___ A change in my residence or other part of the housing complex.

___ A change in a rule, policy or procedure.



Department of Housing and Community Development

4001 Barker Court

Fairfax, Virginia 22032

Tel. 703-503-8717 • Fax 703-653-1363 • TTY 703-385-3578

c) What is your Reasonable Accommodation Request? Please be specific.

d) **Complete the following sentence:** I/we need this reasonable accommodation so that I/we can _____

e) Please provide contact information for your qualified personnel (e.g. health care provider, therapist, case manager, counselor, social service provider, clergy member, or a reliable source who is familiar with the disabled person's needs) that you allow us to contact, in order to verify the family member's disability; to determine the need(s); and what will be accomplished with the requested accommodation(s) or modification(s) requested.

Name: _____ **Phone #:** _____

Title: _____ **Fax#:** _____

Address: _____ **Email address:** _____

City/State/Zip Code: _____

I give you permission to contact the above individual for purposes of verifying that I have or a family member has a disability and need(s) the reasonable accommodation requested above. I understand that the information obtained will be kept confidential and used solely in making determination with regard to my request for a reasonable accommodation.

Signature: _____ **Date:** _____

Fairfax County is committed to a policy of nondiscrimination in all County programs, services and activities and will provide reasonable accommodations upon request. To request special accommodations, call 703-246-5101, TTY 703-385-3578. Please allow 48 hours in order to make the necessary arrangements.

Please complete and return this form to your Housing Services Specialist or Property Manager

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Your Right to Request a Reasonable Accommodation or Modification Questions & Answers

Do I have the right to request a reasonable accommodation or modification as an applicant or participant in public or assisted housing?

You may request a reasonable accommodation if you or family members have a disability that meets the following definition:

- ❖ A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment, AND
- ❖ As a result of the family member's disability a change or changes are needed, in order to use and access an assisted housing unit and its associated premises. The kind of change(s) you may need would be:
 - A change in your unit or another part of the housing complex.
 - A change in following a rule, policy or procedures. (i.e. You may ask for changes in how you meet the terms of the lease.)

Will my request automatically be approved?

We will try to approve your request if you can show that:

- ❖ You have a disability that is directly related to your housing reasonable accommodation request, and your request is reasonable.
- ❖ You must permit the Reasonable Accommodation Officer to contact a qualified professional (which includes, among others, a physician or other healthcare provider, therapist, case manager, counselor, social service provider, clergy member, or other reliable source that is familiar with your disabled family member's related needs) to verify:
 - The existence of a disability;
 - The need for the requested accommodation(s) or modification(s); and
 - What the accommodation(s) or modification(s) will accomplish.

How do I file a request?

You may complete a Reasonable Accommodation/Modification Request Form. To receive the form, obtain assistance in completing the form, or to make a request in some other way, call your Housing Services Specialist/Property Manager, or call 703-503-8717, and the form will be mailed to you.

What happens after I file a request?

Once we have received your request and verification of your request from your chosen qualified professional, we may need to obtain additional information regarding your request. You will receive a response within 30 calendar days of receipt of all information required to process your request. If the reasonable accommodation request is denied, the reason will be explained in writing and you will be offered an Informal Review or Hearing. If you receive a "Void" response, it is due to the qualified professional not responding to the request or failing to complete the verification form. Without this information, Fairfax County Department of Housing and Community Development (HCD) is unable to make a determination regarding your reasonable accommodation request.



Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services and activities. Special accommodations will be provided upon request. To request Reasonable Accommodations or an alternative format of materials, call 703-246-5101 or TTY 703-385-3578. Please allow 48 hours in order to make the necessary arrangements.