



Reasonable Accommodations

What is a reasonable accommodation?

- A reasonable accommodation is an adjustment made to a rule, policy, practice, or service that allows a person with a disability to have equal access to the program.
- The PHA must ensure that persons with disabilities have full access to the PHA's programs and services. If an applicant or participant indicates that an exception, change, or adjustment to a rule, policy, or practice, or service is needed because of a disability, HUD requires that the PHA treat the information as a request for a reasonable accommodation, even if no formal request is made.
- The family must explain what type of accommodation is needed to provide the person with the disability full access to the PHA's programs and services.
- There must be an identifiable connection between the requested accommodation and the individual's disability.
- If the need for the accommodation is not readily apparent or known to the PHA, the family must explain the relationship between the requested accommodation and the disability and may be asked for verification of the need from a third party such as a doctor, case manager, therapist or other professional in the community.

When and how to request a reasonable accommodation:

- If anyone in the household needs a reasonable accommodation at any time, you must contact the CDA to request one.
- The CDA will gather some information about your request and may ask for information from a third party such as a doctor, case manager, therapist, etc to verify the disability.

If you currently have a Reasonable Accommodation request, please complete and return the Request Form on the back of this sheet to your Housing Specialist at the CDA Office.
Contact your Housing Specialist by email or phone if you have further questions.

323 NAUMKEAG ST | SHAKOPEE MINNESOTA | 55379 | SCOTTCDA.ORG

Phone: 952-402-9022 Fax 952-496-2852

This institution is an equal opportunity provider and employer.



Tenant ID: _____

Reasonable Accommodation Request Form

COMPLETE AND RETURN THE BELOW FORM TO THE CDA OFFICE AT:
323 S. NAUMKEAG ST. SHAKOPEE, MN 55379 OR EMAIL YOUR HOUSING SPECIALIST ONLY
IF YOU HAVE A CURRENT REQUEST.

Date of Request: _____

Name of Head of Household: _____

Phone Number: _____ Email: _____

Household Member who needs accommodation? _____

What is the specific request?

***Please provide a doctor, licensed professional or case manager that could verify the request and disability below:**

Name of Doctor or Licensed Professional: _____

Clinic/Agency/Organization Name: _____

Address of Clinic/Agency/Organization: _____

Phone Number: _____ Fax Number: _____

Email: _____

Warning: 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