District of Columbia Disability Rights in Shelter and Housing Programs
Acknowledgement of Receipt

Do you need reasonable accommodation? ____Yes ____No

I have received a copy of the District of Columbia Disability Rights in Shelter and Housing Programs Brochure? ____Yes ____No

This brochure of my rights has been explained to me? ____Yes ____No

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Resident's Signature Date

_____

Resident's Printed Name

Resident's Signature (*Additional Head of Household*) Date

_____

Resident's Printed Name (*Additional Head of Household)*

Staff Member's Signature Date

_____

Staff Member's Printed Name Staff Member's Title