

REQUEST FOR AN ACCOMMODATION

Date of Request _____

Name of Applicant/Resident _____

Telephone Number _____

Address _____

City _____

State _____

Zip Code _____

Name of Designee, if applicable _____

Designee's Telephone Number _____

Shelter or Housing Program _____

1. Please indicate the name of the person who requires the accommodation.

2. Please describe the accommodation being requested. (Use additional sheets if needed.)

3. Please explain why the accommodation is being requested and how it will provide the applicant/client with equal opportunity to enjoy our programs. (Use additional sheets if needed.)

Please select one of the following options:

By signing below, I self-verify that I have, or someone in my household has, a disability and needs the requested accommodation. I understand that the shelter provider will let me know within 48 hours if any additional information is needed to process or verify my request.

By signing below, I authorize my shelter provider to verify that I have, or someone in my household has, a disability and needs the requested accommodation. I understand that the shelter provider will let me know within 48 hours if any additional information is needed to process or verify my request.

Client Signature: _____

VERIFICATION CONTACT INFORMATION:

Name: _____ Title _____

Agency/Institution and address: _____

Fax _____ Phone _____

If you need assistance with this form or have any additional questions, please contact: (insert name of provider's staff contact).

For Shelter Staff Use Only: If a client requires a PHYSICAL ALTERATION that your agency cannot provide, please return this form to: Michele Salters at The Community Partnership for the Prevention of Homelessness, 801 Pennsylvania Avenue, SE, Suite 360, Washington, DC 20003 V: (202) 543-5298 Fax: (202) 543-4772

If you disagree with the Reasonable Accommodation Decision, you have the right to Appeal and to file a Complaint

Your Right to Appeal Your Accommodation Request

You can ask for an appeal in any of the following ways:

1. Ask your Program Director to appeal the decision through the **program's internal grievance process**. Each grievance related to a reasonable accommodation request will be brought to the Community Partnership's attention for further review.
2. Within 60 days of the Reasonable Accommodation Decision, **contact the DC Department of Human Services (DHS) ADA Coordinator** at 202-671-4422 phone, 202-671-0180 fax, 202-671-4495 TTY to file an appeal with DHS.
3. Within 90 days of the Reasonable Accommodation Decision, **call the DC Office of Administrative Hearings** (OAH), at 727-8280 or send in your request in writing to the Office of Administrative Hearings, 441 4th Street, N.W., Suite 540 South, Washington, D.C. 20001. (You can also tell a staff member where you reside that you want a Fair Hearing and he or she must help you make your request or you can call the Family Services Administration, at 541-3914.)

OAH will schedule you for an administrative review with DHS. If that hearing doesn't resolve your concerns, you will get a fair hearing with OAH. At your administrative review or hearing, you have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the D.C. Government and to bring witnesses or evidence that helps your case.

Your Right to File a Complaint

If you believe that your rights have been ignored or violated or that you have been discriminated against, you have the right to file a complaint with DC government agencies or in court.

You can file a complaint in any of the following ways:

1. Within 60 days of the decision, **contact the DC Department of Human Services (DHS) ADA Coordinator** at 202-671-4422 phone, 202-671-0180 fax, 202-671-4495 TTY to file a complaint of disability discrimination or violation of disability rights.
2. **Mail a complaint to the Department of Justice**, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section-NYA, Washington, DC 20530.
3. **Call the D.C. Office of Human Rights** at 202-727-4557 phone 202-727-4559, 202-727-8673 TTY. They will interview you to investigate and process your complaint.
4. **File a lawsuit** in D.C. Superior Court or federal court. You may want to seek legal advice if you decide to file a lawsuit (see below). See below for free legal representation.

How to Get Help Appealing or Filing a Complaint

To help you understand your rights and to represent you in appeals or complaints, free lawyers may be available from:

- *The Washington Legal Clinic for the Homeless at (202) 328-5500*
- *Legal Aid Society of the District of Columbia at (202) 628-1161*
- *Bread for the City at (202) 265-2400 OR (202) 561-8587*