

Reasonable Accommodation Verification Request

Date: _____

Dear _____:

Enclosed please find two forms – Request for Reasonable Accommodation completed by an applicant/resident of our homeless service program and Reasonable Accommodation Verification to be completed by a representative of your office.

DC Homeless Service providers are required by law to provide reasonable accommodations to applicants/residents with disabilities that will provide them with equal opportunity to use and enjoy our programs, their unit and/or common areas. Homeless Service programs do not provide accommodations when the request is a matter of convenience or preference only.

Please complete the Reasonable Accommodation Verification form to verify whether the requested accommodation is related to the requestor's disability and would provide an equal opportunity to enjoy our homeless service program. You may include any additional relevant information, but the form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.

Please note that the Request for Reasonable Accommodation form includes the accommodation requested and a release of information authorization.

Please contact us at (agency phone Number) if you have any questions. Thank you for your cooperation.

Sincerely,