

Si necesita ayuda con este formulario, llame al 305-403-322
Si w bezwen yo ede w ak fom sa a, tanpri rele 305-403-322

REASONABLE ACCOMMODATION REQUEST

Head of Household: _____ Phone: (____) _____
(PRINT NAME)

Requestor: _____ Client #: _____
(PRINT NAME OF PERSON REQUESTING REASONABLE ACCOMMODATION IF OTHER THAN HEAD OF HOUSEHOLD)

Address: _____ Date: ____/____/____

Signature: _____
(REQUESTOR OR PARENT/LEAGAL GUARDIAN OF MINOR.)

A disability is defined, in part, as 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.

A Public Housing resident may request a change in his or her current unit or a transfer to a unit that has already been changed (in the resident’s development or another development). An applicant, resident, or program participant may request assistance with, or change in, a MDHCV practice, rule, policy, procedure, program or service.

MDHCV will work with the applicant, resident or program participant to determine how to provide the reasonable accommodation request. MDHCV may require documentation to support the reasonable accommodation request(s).

1. The following is the name of the household member with a disability who needs a reasonable accommodation:

Requestor Name: _____

2. Because of the above household member’s disability, the following change(s) or assistance (reasonable accommodation) is necessary so that the individual can participate in a Miami-Dade Housing Choice Voucher (MDHCV) program as easily or successfully as other program participants. Check the kind of change(s) you need.

A change or special feature in a MDHCV dwelling, building or property. **Note: If you are a Section 8 program participant, you must make these kinds of requests to your landlord.**

Assistance with, or change in, a MDHCV practice, rule, policy, procedure, program or service.

3. Describe the problem that the household member named in item 1 is having, or might have, with a MDHCV dwelling, building, property, practice, rule, policy, procedure, program or service:

4. Describe the type of change or assistance (reasonable accommodation) required:

5. Describe how this change or assistance will help with the problem:

6. Indicate the verification source MDHCV may contact to verify that the household member named in item 1 has a disability and needs a reasonable accommodation.

Please provide the following information:

Name: _____

(Health care provider giving verification of Reasonable Accommodation need.)

Date: ____/____/____

Title: _____

Address: _____

Company: _____

City, State, Zip Code: _____

Telephone : _____

Fax: _____

Note: Individuals may obtain a copy of the MDHCV Reasonable Accommodation Policies and Procedures, upon request, from Public Housing Site Managers, Section 8 Leasing and Contract Specialists, and the ADA Coordinator. You may also get additional copies of this request form from the ADA Coordinator at:

ADA Coordinator
7400 Corporate Center Drive, Bay H
Miami, Florida 33126
(305) 403-3222 phone
(305) 471-6325 fax
Florida Relay Service: (800) 955-8771 (TDD/TTY)

This material is available in an accessible format upon request. Please call the ADA Coordinator at (305) 403-3222 – Florida Relay Service (800) 955-8771 (TDD/TTY).