



*Building Communities and Changing Lives.....*

*175 W. Jackson Blvd., Suite 350 • Chicago, IL 60604 • (312) 663-5447*

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**RE: Request For Reasonable Accommodation instructions**

Dear Tenant/Applicant:

Let this serve as notification of the procedures for requesting a reasonable accommodation.

In order for a reasonable accommodation request to be approved, two things must be verified. First, the individual making the request must be disabled. Second, there must be a connection between the person's disability and the requested accommodation.

A reasonable accommodation request will be reviewed when the following forms are received in our office:

- **Request for a Reasonable Accommodation.** The form is to be completed by you. Please provide a brief explanation of what you are requesting. You (or your Power of Attorney) must sign the second page of the request form.
- **Certification of Need for Reasonable Accommodation and Third Party Verification.** Please fill out your information (name, address and client number) at the top of the form. Then, have the remainder of the form completed by a qualified medical, rehabilitation, or other non-medical service agency professional that is competent to render an opinion because he/she is knowledgeable about your situation. The qualified third party must sign the certification form.

The required documents must be submitted to the 504 Coordinator, Diana Cornejo, at the Housing Authority of Cook County, 175 W. Jackson, Suite 350, Chicago, IL 60604.

The documents can also be **emailed to Diana Cornejo** at [dcornejo@thehacc.org](mailto:dcornejo@thehacc.org).

***Do not fax the reasonable accommodation forms.***

Please make certain all forms are signed and filled out completely. Incomplete forms will delay the processing time of the reasonable accommodation request.

Feel free to contact me with any questions at 312-542-4782.

Sincerely,

Diana Cornejo



**CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION  
AND THIRD PARTY VERIFICATION**

**Important: this form is to be completed by a doctor who is familiar with the person's disability and need for the requested accommodation. This section may not be completed by the Applicant, Resident, or Participant.**

Date: \_\_\_\_\_  
Name of party requesting the Reasonable Accommodation: \_\_\_\_\_  
Client Number (if known) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Please return to the ADA/Section 504 Coordinator, Housing Authority of Cook County, 175 W. Jackson Blvd., Suite 350, Chicago, IL 60604. Telephone: (312) 542-4782 TTY: (312) 341-1450 Email: dcornejo@thehacc.org

**We are not inquiring as to diagnosis, treatment, or the extent and severity of the disability.**

**Explanation:** The Housing Authority of Cook County (HACC) is required by law to provide reasonable accommodations to disabled applicants, residents, and participants in its programs when the accommodations will facilitate their ability to function and provide equal opportunity to use and enjoy our housing programs. Applicable federal and state law defines "disability" with respect to the individual as (1) a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) a record of having such an impairment; but such terms do not include current illegal drug use or addiction to a controlled substance, or an alcoholic who poses a direct threat to property or safety because of alcohol use. The following questions may help determine whether the applicant, resident or participant (or a member of the household) has a disability.

1. Name of Applicant/Resident/Participant: \_\_\_\_\_

2. In my professional opinion and assessment:

- The Individual requesting the accommodation(s) has a disability** based on one or both of the following legal definitions: (please check each that applies)
  - He/she has a physical or mental impairment that limits one or more major life activities; or
  - He/she has a record of having such an impairment.
- The Household Member requesting the accommodation(s) does not have a disability.**

3. Please check **only one** of the following:

- I certify that the Request for Reasonable Accommodation is necessary for the Applicant/Resident/Participant to have an equal housing opportunity as result of his/her disability.
- I do not certify/believe that the Request for Reasonable Accommodation is necessary for the Applicant/Resident/Participant to have an equal housing opportunity as result of his/her disability.

4. Please describe the relationship between the reasonable accommodation and the disability:

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5. Please describe the participant's limitation. For example, if the limitation is:

- Unable to care for oneself, live-in aide or caretaker needed: please provide the particulars of services needed and the length of time (hours or days) that assistance is needed.
- Walking: please state what is the distance the applicant, resident or participant can walk. You may give distances and/or how long the applicant, resident or participant can stand.
- Lifting: please state the maximum pounds the applicant, resident or participant can lift and the maximum time limits.

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6. Are there any other alternate accommodations or modifications that could meet the applicant's, resident's, participant's or household member's needs in place of what the applicant, resident, participant or household member has requested?

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7. How long have you been treating the household member? Please do not include specific details of treatment.

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8. Please state your qualifications or professional credentials to make this verification, please also list your Illinois Medical License Number if you are a physician or licensed by the state:

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**CERTIFICATION:**

I understand that I may be contacted by HACC's staff to verify the information I have provided or to provide further information/clarification regarding this request. Furthermore, I understand that I may be contacted or otherwise subpoenaed to provide testimony in a court of law, administrative hearing and/or other legal action with respect to the information I have provided herein or related to this document.

If not able to provide testimony, you must state the reason: \_\_\_\_\_

**By signing this document, I certify under penalty of perjury that the information and statements I have provided as part of and/or in support of this request for a reasonable accommodation are to the best of my knowledge true and accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Professional Title

\_\_\_\_\_  
Fax:



**The Housing Authority of Cook County**  
**REQUEST FOR REASONABLE ACCOMMODATION**

**Note:** This form is to be completed by the Applicant, Resident, or Participant or on behalf of a family member, and may be submitted to the Housing Authority of Cook County (HACC) at any time. If you need assistance completing this form, or you have any additional questions or concerns, please contact the HACC at (312) 542-4782.

<i>Date of Request</i>	<i>Client Number</i>
<i>Name of Head of Household</i>	<i>Phone No.</i>
<i>Address</i>	<i>City, State and Zip Code</i>

1. Participant needing the reasonable accommodation:

Head of Household       Family Member: \_\_\_\_\_  
*Name*

2. What accommodation(s) are you requesting? (Please be specific)

Extra bedroom necessary for a person with a disability. Please explain why the extra bedroom is needed.

Extra bedroom necessary for equipment. Please specify, in detail the type and size of the equipment.

Live-in Aide. The person with a disability requires a person to live in the unit with them to administer care.

Name of proposed Live-in Aide: \_\_\_\_\_

Special Communication needed for either persons with visual impairments or hearing impairments. Please specify in detail the type of communication that is needed:

Unit transfer. Please specify in detail the type of unit that is needed.

Modification(s) to your unit is needed. Please specify in detail the type of modification that is needed:

A unit with accessible features. Please explain why an accessible unit is necessary:



Other policy or rule change(s). Please explain: \_\_\_\_\_

3. Reason for requesting this accommodation: \_\_\_\_\_

*(Please state why you need it and when you need it)*

4. You will need to provide proof of your need for the accommodation. Information must be provided from your doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the person's disability.
5. The medical professional, a peer support group, a non-medical service agency, or reliable third party who is in a position to know about the person's disability who provides the information for the requested accommodation must either: complete the Certification of Need for Reasonable Accommodation and Third Party Verification or must prepare a letter that fully answers the medical questions that are included on the form and gives the doctor's medical opinion whether or not they believe that the requested accommodation is appropriate for you. Forms or letters that are incomplete will require the Housing Authority to ask for more information; this will delay the time it takes to grant or deny the request. The Certification of Need for Reasonable Accommodation and Third Party Verification is not to be completed by the Head of Household or the requesting individual.
6. If your request involves a transfer, you will need to also complete a Transfer Request Form. If your request involves the addition of a Live-in Aide, you will need to complete Live-in Aide forms.
7. **Release of Information:** I had a full opportunity to read and consider the contents of this authorization, and by signing this form I give the HACC permission to talk with my physician or other professional, reliable third party or Case Manager who has completed the verification for the reasonable accommodation requested. This authorization will expire six months from the date it is signed. I have the right to revoke this authorization at any time by giving written notice of my revocation to the HACC.

**By signing this document, I certify under penalty of perjury that the information and statements I have provided as part of and/or in support of this request for a reasonable accommodation are, to the best of my knowledge, true and accurate.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident/Participant

**Please return the completed and signed form and the Certification and Third Party Verification to:**

Housing Authority of Cook County  
ADA/Section 504 Coordinator  
175 W. Jackson Blvd., Suite 350  
Chicago, IL 60604  
dcornejo@thehacc.org

