21 Highland Circle, Suite 10, Needham, Massachusetts 02494
(781) 444-3011 • Fax: (781) 444-1089 • Email: office@needhamhousing.org

Verification of Need for Reasonable Accommodation

Person Requesting Accommodation: _____
(Please Print)

Address: _____ _____ _____
Street City Zip

Section 1: Authorization to Release Information

I authorize the individual named below to complete this form for me (or a family member) relative to my request for a reasonable accommodation.

Signature: _____ Date: _____

Name: _____ Profession: _____

Agency Affiliation (if any): _____ Phone: _____

Address: _____ _____ _____
Street City Zip

The above-named person has expressed a need for a reasonable accommodation so that he/she may have equal access to NHA programs, services or amenities. You have been named by the requestor as a person who can verify their need for this accommodation.

The requestor has given their permission for the Needham Housing Authority to verify that they have a disability that requires the requested accommodation. Please do not disclose the nature of the requestor's disability or provide any medical records.

Section 2: Determination of Disability

Please indicate in your professional judgment whether the person requesting an accommodation has a disability as per this definition:

"Have a physical or mental impairment which substantially limits one or more major life activities; have a history of, or who are regarded as having a physical or mental impairment that substantially limits one or more major life activities; or being regarded as having such an impairment. " (Please check Yes or No)

[ ] Yes (If yes, please complete Sections 3 & 4) [ ] No (If no, please complete Section 5)

Section 3: Details of the Accommodation

The requestor has expressed a need for a special feature or changes within the unit, building or site or in a policy, procedure, program or service to accommodate their need.

1. Physical problems with unit/building/site: Describe how the unit, building or site is having a negative impact on the person's disability.

_____

_____

Please Note: Section 101 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to of the United States as to any matter within its jurisdiction, punishable by fine not to exceed $250,000 and/or imprisonment of not more than 5 years.

2. Changes in unit/building/site: What type of change is needed to address the problem(s) identified in #1 above such as a physical adaptation or modification to the apartment, building or site including assistive technology? Indicate where any specialized equipment or technology can be obtained.

_____

_____

3. Policy, procedure, or program problems: Describe the problem with the policy, procedure or program that is having a negative impact on the person's disability.

_____

_____

4. Changes in policy, procedure, or program: Describe the type of changes in a policy, procedure or program which are needed to address the accommodation.

_____

_____

Section 4: Verification and Certification

In your professional judgment, does the request have a direct correlation to the disability? [ ] Yes [ ] No

If yes, please explain the correlation between the requested accommodation and the disability and how the accommodation will benefit the requestor:

_____

_____

_____

_____

_____

_____

Signature: _____ Date: _____

Name: _____ Profession: _____

Agency Affiliation (if any): _____ Phone: _____

Address: _____ _____ _____

Street City Zip