



**Request for Reasonable Accommodation – Family Form**

Please complete this form if you are requesting a reasonable accommodation and return it to the Housing Authority County of San Joaquin. A reasonable accommodation is a change, adaptation or modification to a policy, program, service, or workplace which will allow a qualified person with a disability to participate fully in a program. In order to show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.

Head of Household Name:	
Address:	
City, State Zip:	
Phone Number:	
Household Member requesting the reasonable accommodation:	
Verified Provider Name:	
<i>A medical professional, peer support group, non-medical service agency, or a reliable third party who is in a professional position to have knowledge about the person's disability and/or need for accommodation.</i>	
Provider's Address:	
City, State Zip:	
Phone Number:	
Fax Number:	

*Note: The Housing Authority may ask that the person obtain written verification of disability and/or verification of the need for the accommodation, if not obvious or known. The Housing Authority may contact the Verified Provider above to obtain verification.*

**Type of Reasonable Accommodation Requested:**

- LIVE-IN AIDE:** an extra bedroom for a live-in aide.
- EXTRA BEDROOM FOR EQUIPMENT:** an extra bedroom to store medical equipment. An additional bedroom may only be approved in rare circumstances for oversized medical equipment that is required to accommodate the disability.
- EXTRA BEDROOM FOR SPOUSE/SLEEPING ALONE:** Household member needs their own bedroom so that they do not have to share a room with HIS OR HER SPOUSE, SIBLING, ETC. The request for an extra bedroom can only be approved if the presence of medical equipment prevents another person from sleeping in the room, or if there are other



serious health or sanitation issues that preclude your patient from sharing a room with another person.

**EXTENSION:** an extension to provide paperwork or search for housing due to disability preventing them from performing this task.

**RENT FROM RELATIVE:** permission to rent from a relative. This can only be permitted if the tenant requires a unit with special features that are not available from other units on the rental market. If this tenant requires special features in their home due to their disability, please list the features on this form.

Features include:

**MODIFICATION OF UNIT:** modifications to their unit as described in the enclosed request. Please verify whether this patient’s disability requires any modifications to their home.

**SIGNATURE:** disability prevents them from signing documents.

**ATTEND APPOINTMENTS:** disability prevents them from attending an annual appointment at the Housing Authority to receive benefits.

**REQUEST TO PORT TO ANOTHER COUNTY:** transfer their Voucher to another County due to his/her disability.

Name of the County/Housing Authority:

**INCOME EXCLUSION (DEVELOPMENTAL DISABILITY):** exclude their income due to amounts paid by a state agency to a family member who has a developmental disability and is living in the house.

**PUBLIC HOUSING TRANSFER (PUBLIC HOUSING ONLY):** modification or adjustment requested by the resident to allow an individual with disabilities to access, use, and enjoy housing.

**Please return the Reasonable Accommodation Request Form to your assigned case worker at 2575 Grand Canal Blvd, Suite 100, Stockton, CA 95207 or email the case worker directly. If you have any questions, please contact your case worker or call (209) 460-5000.**