



HOUSING AUTHORITY

of the City of Orange, Texas

HOUSING CHOICE VOUCHER PROGRAM REASONABLE ACCOMMODATION REQUEST

Interpreter Services

You have the right to an interpreter at no cost to you. Please point to your language. An interpreter will be called. Please wait.

<p>Albanian Shqip</p> <p>Keni të drejtën për përkthyes falas gjatë vizitës mjekësore. Ju lutem tregoni me gisht gjuhën që flisni. Ju lutem prisni, do t'ju gjejmë një përkthyes për vizitën mjekësore.</p> <p>Amharic አማርኛ</p> <p>የለሽ ግለሰብ ለሰነድ ለማግኘት ለሌሎች ። የሚያገለግሉትን የሚረዱትን ጸንቶ በመጠቀም የሚለኩ ። ለሰነድ ለማግኘት ለሌሎች ። ጸንቶ ለሰነድ ለማግኘት ።</p> <p>Arabic عربي</p> <p>بحق لك الحصول على خدمات ترجمة فورية دون أي مقابل. يُرجى منك أن تُشير بإصبعك إلى لُغتك كي نستدعي المترجم المعني. يُرجى منك الانتظار لحين استدعاء المترجم.</p> <p>Armenian Հայերեն</p> <p>Ձեզ անհրաժեշտ է անհատական կազմակերպչ առանց արժեք վճարելու: Խնդրում ենք ստորագրել ձեր լեզուն և քայքայված լեզուները: Խնդրում ենք սպասել:</p> <p>Bengali বাংলা</p> <p>আপনার অধিকার রয়েছে নিম্নলিখিত একজন সোভলি শাওলার। অনুগ্রহ করে আপনার ভাষা বোঝাতে অ লেখিত লিখ। একজন সোভলিকে আনা হবে। অনুগ্রহ করে অপেক্ষা করুন।</p>	<p>Haitian Creole Kreyòl Ayisyen</p> <p>Ou gen dwa a yon entèprèt gratis. Tanpri montre nou lang pa w la. N ap rèle yon entèprèt pou ou. Tanpri ret tann.</p> <p>Hebrew עברית</p> <p>יש לך זכות להשתמש בשירותיו של מתורגמן ללא תשלום. אנא הצבע על השפה שלך. מיד ניצור קשר עם מתורגמן. אנא המתן.</p> <p>Hindi हिन्दी</p> <p>आपको नि:शुल्क दुभाषिया (अनुवादक) प्राप्त करने का अधिकार है। कृपया अपनी भाषा की ओर इशारा करें। एक दुभाषिया (अनुवादक) को बुलाना जाएगा। कृपया प्रतीक्षा करें।</p> <p>Hmong Hmoob</p> <p>Koj muaj cai txais kev pab bhaiis lus dawb txis them nyiaj. Thov taw tes rau koj hom lus noov. Mam hu lus bhaiis lus. Thov nyob tos.</p> <p>Italian Italiano</p> <p>Avete diritto ad un interprete. Il servizio è gratuito. Indicate la vostra lingua e attendete: un interprete sarà chiamato al più presto.</p>	<p>Russian Русский</p> <p>Вы имеете право на услуги бесплатного переводчика. Назовите, пожалуйста, свой язык. Медицинский переводчик будет вызван. Пожалуйста, подождите.</p> <p>Serbo-Croatian Srpsko-Hrvatski jezik</p> <p>Vi imate pravo na besplatnog prevodioca. Molimo vas da pokazete na vas govorni jezik. Lagalan prevodilac ce biti pozvan. Hvala I molimo vas da sacekate.</p> <p>Somali Soomaali</p> <p>Waxaad xaq u leedahay in tarjumaan lacag la'aan ah laguugu yeero. Fadlan farta ku fiq luqaddaada. Tarjumaan ayaa laguugu wacayaa. Ee fadlan sugi!</p> <p>Spanish Español</p> <p>Usted tiene derecho a un intérprete gratis. Por favor, señale su idioma y llamaremos a un intérprete. Por favor, espere.</p> <p>Swahili Swahili</p> <p>Ni haki yako kuwa na mtafsiri bila malipo yoyote. Tafadhali chagua lugha yako kati ya hizi. Mtafsiri ataihwa. Tafadhali ngoja.</p>
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(THIS FORM IS AVAILABLE IN LARGER FONT OR ALTERNATIVE FORMAT UPON REQUEST)

PLEASE PRINT CLEARLY

Head of Household: _____ TDD/Phone: _____

Address: _____ State/Zip: _____

Currently, I am:

- An applicant on the waiting list for The Public Housing Program
- Currently a participant in The Public Housing Program

Household member who needs accommodation: _____

The household member above has a disability because he or she has physical or mental impairment that limits one or more major life activities or has a record of having such an impairment.

516 Burton Ave. * Orange, TX 77630 * Phone: (409) 951-7280 Fax: (409) 951-7297* www.orangeha.com

A FAIR HOUSING AND EQUAL EMPLOYMENT OPPORTUNITY AGENCY

The Housing Authority offers accommodations for persons accessing its facilities, as required by the Americans with Disabilities Act. If you require special accommodations, please contact the Housing Authority office for assistance. Hearing impaired may contact Relay Texas at 1-800-735-2989 or 7-1-1.



Please fill out all the following information regarding the person who needs the accommodation(s). It is important for you to provide this detail in order for the Housing Authority of Orange to best evaluate this request. *Please DO NOT submit medical records.*

OHA can assist with completing this form. If you need assistance, contact the ADA/504 Coordinator at 409-951-7222 or email at counselor7@bmtha.org.

As a result of this disability, I am requesting the following reasonable accommodation(s) for the disabled Household Member listed above. Please check one or more boxes below.

- A live-in aide is necessary to afford the Household Member equal use and enjoyment of the dwelling unit. Please answer the following question. Use the space below and additional paper if needed.
A daily in-home worker, or rotating shifts, are not equally effective as a reasonable accommodation because:

- A change in the following rule, policy or procedure. (Note that fundamental requirements must still be met). Please specify the necessary change. Attach additional pages if necessary. _____

- An additional bedroom for use medical equipment to be stored or for any other reason:

- A unit with special features such as: full accessible, no stairs, hearing impaired, vision impaired or other:

- Other (for example, a change in the way PHA communicates with you). Please specify the necessary change. Attach additional pages if necessary. _____

- The purpose of an accommodation is to remove or relieve a barrier posed by the disability-related limitation. The disabled Household Member needs this reasonable accommodation(s) because (you may attach additional pages if necessary): _____

I understand that the information obtained by the housing authority will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

FRAUD AND FALSE STATEMENTS

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the United States Government, including the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

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AUTHORIZATION

I/we authorize the Housing Authority of Orange to verify that the above-referenced Household Member has a disability and needs the reasonable accommodation(s) requested. To verify this information, the HA may contact the below-named physician, psychiatrist, licensed psychologist, licensed nurse-practioner, licensed social worker, rehabilitation professional, or non-medical service agency whose function is to provide services to persons with disabilities. I understand the information PHA obtains will be kept completely confidential and used solely to evaluate the request.

This authorization is requested because third-party verification may be needed. Be advised that you may submit any supporting documentation directly to PHA rather than having PHA contact your provider, in order to evaluate your request.

Name of Provider: _____ Field of Practice: _____

Agency/Clinic/Facility: _____

Address: _____

Phone: () _____ FAX: () _____

X _____
Signature of Head of Household or authorized Guardian ** Date

**** If the Household Member needing the accommodation(s) is under 18 years of age, are you the parent or guardian of Household Member needing the accommodation? Yes No**

X _____
Signature of Household Member needing the accommodation Date
(only if 18 years of age or older)

Please return this form as promptly as possible so that the Housing Authority of the City of Orange may make a determination on this request.

Housing Specialist Date Received Request

Phone Number Fax Number Email Address

Date Given To 504 Coordinator Result of Request For Accommodation



Information Request from Health Care Professional

PLEASE DO NOT INCLUDE ANY MEDICAL DIAGNOSIS ON PATIENT

Does your client meet eligibility requirements for a live-in aide (does he/she have a physical or mental impairment that substantially limits one or more major life activities, or is he /she 50 years of age or older)?

- YES
- NO

A. Live-in aide request:

In reviewing the client's file is it your professional opinion the live-in aide is necessary to afford the client an equal opportunity to use and enjoy the unit?

- YES
- NO

A daily in-home worker would not be an equal alternative accommodation because (please explain): _____

B. Extra Bedroom Request Needed

It is my professional opinion that the client does require an additional bedroom for:

- A Live-in Aide
- Medical equipment or assistive device
- Other reason (please explain): _____

C. Extra Bedroom Request Not Needed

It is my professional opinion that the client does not require an additional bedroom because:

- Necessary service could be provided through another accommodation
- Client does not meet the definition of a disabled or near-elderly person
- Medical equipment could be used/stored in a place other than an additional bedroom

D. Request for a Special Type of Unit

Unit with special features: no stairs, fully accessible, vision impaired, hearing impaired or other:

- Unit with no stairs
- Hearing Impaired
- Vision Impaired
- Other reason (please explain): _____

Name of Health care Provider (please print) _____

Signature Date _____

Title License# _____

Address _____

City/State/Zip _____

Phone _____

Please submit these documents to the ADA/504 Coordinator Katherine Mitchell at 409-951-7222 phone, 409-951-7272 fax, or email counselor7@bmtha.org.