

## Emergency Shelter Request for Reasonable Accommodation

People with disabilities who stay in homeless shelters have the right to request a “reasonable accommodation” from the shelter so they can stay in the shelter and receive services as people without disabilities can. A person with a disability is someone who has a mental or physical impairment that seriously limits a major life activity (such as breathing, caring for yourself, thinking, walking, seeing, hearing, speaking, or learning).

1. **Member of my household with a disability:**

Name: \_\_\_\_\_ Relationship (child, spouse, self): \_\_\_\_\_

2. **Because of this disability, I would like the following reasonable accommodation(s) for my household:**

( ) Assistance in completing my application for shelter. Please specify: \_\_\_\_\_

\_\_\_\_\_

( ) Placement in an accessible shelter unit. Please specify (first floor, wheelchair accessible, noncongregate, other requirements): \_\_\_\_\_

\_\_\_\_\_

( ) A change in the following rule or policy: \_\_\_\_\_

\_\_\_\_\_

( ) A transfer to a different shelter or different unit within the shelter. Please specify what type of shelter or shelter unit would meet your needs: \_\_\_\_\_

\_\_\_\_\_

( ) Other. Please specify: \_\_\_\_\_

\_\_\_\_\_

3. **I need this accommodation because:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **Verification.** Please check one of the following:

( ) I have attached verification to this Request that I or someone in my household has a disability and that my household has a need for the reasonable accommodation that I have requested.

( ) I will provide verification within a reasonable time upon request.

*Please call the Washington Legal Clinic for the Homeless at (202) 328-5500  
for more information about your legal rights.*

5. I hereby certify that on the \_\_\_\_\_ of \_\_\_\_\_, 200\_, I sent a copy of this Request for Reasonable Accommodation to (check all that apply):

( ) Cornell Chapelle,  
The Community Partnership for the Prevention of Homelessness  
801 Pennsylvania Avenue, SE, Suite 360  
Washington DC 20003  
by (check all that apply): ( ) fax (202) 543-5653 ( ) mail ( ) hand-delivery

( ) Fred Swan, Administrator  
Family Services Administration  
2146 24<sup>th</sup> Place, NE  
Washington, DC 20018  
by (check all that apply): ( ) fax (202) 541-3964 ( ) mail ( ) hand-delivery

( ) ADA Coordinator  
Department of Human Services  
64 New York Ave, NE, 6<sup>th</sup> floor  
Washington, DC 20002  
by (check all that apply): ( ) fax (202) 671-4447 ( ) mail ( ) hand-delivery

( ) \_\_\_\_\_, Shelter or Intake Center Representative  
\_\_\_\_\_  
\_\_\_\_\_  
Washington, DC \_\_\_\_\_  
by (check all that apply): ( ) fax (202) \_\_\_\_-\_\_\_\_ ( ) mail ( ) hand-delivery

( ) Other (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. I understand that the information obtained by the Department of Human Services and/or the shelter provider regarding my disability or the disability of my household member will be kept completely **confidential** and will only be used to decide whether to grant my reasonable accommodation request.

\_\_\_\_\_  
Signature of Shelter Resident/Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip Code

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