

# REQUEST FOR REASONABLE ACCOMMODATION

**If you need assistance with this form or have any additional questions, please contact: [insert name of provider's staff contact].**

Date of Request: \_\_\_\_\_

Shelter or Housing Program: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant/Client Needing Accommodation Phone Number

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Name of Designee, if applicable Designee's Telephone Number

1. Describe the accommodation being requested. Use additional sheets if needed.

\_\_\_\_\_  
\_\_\_\_\_

2. Explain why the accommodation is needed. Use additional sheets if needed.

\_\_\_\_\_  
\_\_\_\_\_

3. Please select one of the following options:

- By signing below, I self-verify that I have, or someone in my household has, a disability and needs the requested accommodation.
- By signing below, I authorize my shelter provider to verify that I have, or someone in my household has, a disability and needs the requested accommodation.

## Verification Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

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

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Shelter Staff Use Only:** If a client requires a STRUCTURAL ALTERATION that your agency cannot provide, please return this form to: Michele Williams at The Community Partnership for the Prevention of Homelessness, 801 Pennsylvania Avenue, SE, Suite 360, Washington, DC 20003. Phone: (202) 543-5298 Fax: (202) 543-4772

TCP Request for Reasonable Accommodation Form

## **If you disagree with the Reasonable Accommodation Decision, you have the right to Appeal and to file a Complaint**

### **Your Right to Appeal Your Accommodation Request**

You can ask for an appeal in any of the following ways:

1. Ask your Program Director to appeal the decision through the **program's internal grievance process**. Each grievance related to a reasonable accommodation request will be brought to the Community Partnership's attention for further review.
2. Within 60 days of the Reasonable Accommodation Decision, **contact the DC Department of Human Services (DHS) ADA Coordinator** at 202-671-4422 phone, 202-671-0180 fax, 202-671-4495 TTY to file an appeal with DHS.
3. Within 90 days of the Reasonable Accommodation Decision, **call the DC Office of Administrative Hearings** (OAH), at 727-8280 or send in your request in writing to the Office of Administrative Hearings, 441 4<sup>th</sup> Street, N.W., Suite 540 South, Washington, D.C. 20001. (You can also tell a staff member where you reside that you want a Fair Hearing and he or she must help you make your request or you can call the Family Services Administration, at 541-3914.)

OAH will schedule you for an administrative review with DHS. If that hearing doesn't resolve your concerns, you will get a fair hearing with OAH. At your administrative review or hearing, you have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the D.C. Government and to bring witnesses or evidence that helps your case.

### **Your Right to File a Complaint**

If you believe that your rights have been ignored or violated or that you have been discriminated against, you have the right to file a complaint with DC government agencies or in court.

You can file a complaint in any of the following ways:

1. Within 60 days of the decision, **contact the DC Department of Human Services (DHS) ADA Coordinator** at 202-671-4422 phone, 202-671-0180 fax, 202-671-4495 TTY to file a complaint of disability discrimination or violation of disability rights.
2. **Mail a complaint to the Department of Justice**, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section-NYA, Washington, DC 20530.
3. **Call the D.C. Office of Human Rights** at 202-727-4557 phone 202-727-4559, 202-727-8673 TTY. They will interview you to investigate and process your complaint.
4. **File a lawsuit** in D.C. Superior Court or federal court. You may want to seek legal advice if you decide to file a lawsuit (see below). See below for free legal representation.

### **How to Get Help Appealing or Filing a Complaint**

To help you understand your rights and to represent you in appeals or complaints, free lawyers may be available from:

- *The Washington Legal Clinic for the Homeless at (202) 328-5500*
- *Legal Aid Society of the District of Columbia at (202) 628-1161*
- *Bread for the City at (202) 265-2400 OR (202) 561-8587*