

## Reasonable Accommodation for Persons With Disabilities

The following information is for use by Housing Choice Voucher Program (HCVP) recipients who want to request a Reasonable Accommodation as a person with a disability from the Orange County Housing Authority (OCHA). The Housing and Urban Development Department (HUD) stipulates a number of reasonable accommodations that can be made available to persons with disabilities who are recipients of the HCVP. Regulations for public housing authorities (PHAs) to follow are listed in the Code of Federal Regulations (CFR) under 24 CFR. 982.

### Types of Accommodation:

1. Approval to perform annual reexaminations of household income by telephone
2. Approval to add a Live-in Aide/care provider [[24CFR § 982 part M PIH notice 2000-41](#)]
3. Approval to rent a unit owned by a relative [[24CFR § 982.306\(d\)](#)]
4. Approval of an extra bedroom for large, intrusive medical equipment.
5. Approval to use your voucher in special housing types such as shared housing, group homes, congregate housing and assisted living [[24CFR § 982.316 \(a\)\(b\)](#)]
6. HUD field office approval of contract rent amount that exceeds PHA Payment Standards (between 110% and 120% FMR) [[24CFR §982.503 \(c\)\(2\)\(i\)](#)]

### Required Documentation:

1. [Reasonable Accommodation Request](#) form (for reasons #2 or #3 above)
2. Letter of stating nature of accommodation requested (for reasons #4, #5 and #6 above)
3. [Authorization For Release of Information](#) form (for all reasons above except #1)
4. Letter from licensed care provider, confirming disability and recommending the accommodation
5. Other documentation as determined by type of request

### Approval process:

For reason #1 above, contact your Occupancy Specialist by phone or by mail to request approval and instructions. For reasons #2 or #3 above, participant should complete a Reasonable Accommodation Request form (available online by clicking above, and at the OCHA office) and an Authorization For Release of Information form. These forms should be mailed to or dropped of at the OCHA office. For reasons #4, #5 and #6 above, participants should submit the Authorization For Release of Information form and a letter detailing the type of accommodation they are requesting including how this accommodation meets the needs of their disability as recommended by their licensed care provider. A letter from a care provider is also required to confirm the HCVP participant is a person with a disability, and such accommodation is specifically recommended, and/or needed. The care provider should not indicate what the participant's diagnosis is; rather, the letter should state the resulting limitations in performing one or more major life activity. Each letter should be as specific as possible to address the reason for the request, and how the accommodation requested will meet the needs of the participant's disability(ies).

Once all required documentation has been received, and OCHA has obtained the required verification. OCHA will respond with a letter of approval (or denial) based on the circumstances detailed in the documentation submitted.

**Definition of Disability:** Federal law defines a person with a disability as: "Any person who has a physical or mental impairment that substantially limits one or more major life activity; has a record of such impairment; or is regarded as having such an impairment."