



Certification of Need for Reasonable Accommodation: Emergency Assistance (“EA”) Program

Nota para el Jefe de hogar: Este es un formulario que un proveedor médico o proveedor de servicios debe completar. La persona que complete este formulario debe estar involucrada en el tratamiento de su discapacidad o en la provisión de servicios para su discapacidad. Debería discutir con su proveedor la información que desea compartir. Solo Incluya información que usted quiera que nosotros sepamos. Nosotros utilizaremos esta información únicamente para aprobar o negar su solicitud de adaptación.

Jefe de hogar (Nombre completo)

Fecha de nacimiento

**¿Quién necesita la/las acomodación (es)?
(Nombre completo)**

**Fecha de nacimiento de esa persona (si se
conoce)**

**Dirección actual de correo postal (si
corresponde)**

Número de teléfono actual (si corresponde)

**Dirección de correo electrónico: (si
corresponde):**

Accommodation Requested

The above Household Member, or person acting on the Household Member’s behalf, is requesting a reasonable accommodation as described below/in the attached and is requesting that you, as their provider, complete this certification. [Describe reasonable accommodation request OR attach Request for Reasonable Accommodation Request form]



The questions below are to be completed by a medical, rehabilitation, service agency professional, or other third-party whose function includes providing services or peer support to persons with disabilities and may verify the household member has a disability and/or need for a reasonable accommodation due to a disability.

Please answer all applicable questions on this form and print clearly. Additional writing space is available on the last page of this form. If you choose not to use this form, you can provide a letter. You can also provide an email from an institutional email address.

Part 1

In my professional opinion and assessment,

- The household member has a disability based on one or both of the following legal definitions:
(Please check all that apply):
 - has a physical or mental impairment that substantially limits one or more major life activities and/or
 - has a record of having such an impairment
- The household member does NOT have a disability based on the above definition.
(Proceed to Part 8, sign and return to the address listed on that page.)

How current is your knowledge of the person's disability [Please provide most recent approximate date and context of interaction]?

Part 2: Unit, Common Area or In-Unit Features Needed due to Disability

(Only fill out this section if the Household member needs a unit and/or common area with special features due to a disability. Otherwise, proceed to Part 3.)

Please only select features needed for the EA shelter placement as a result of a disability. You can select more than one if needed.

A Request for a Unit with Special Features:

- Family needs a shelter placement that has no carpet.
- The person with a disability cannot climb stairs. They need a shelter where they do not have to climb any stairs.
- The person with a disability cannot climb more than ___ [#] stairs. They need a shelter where they do not have to climb more than this number of stairs.
- A person in the family uses a wheelchair. They need a shelter room that is wheelchair accessible.
- A person in the family uses a wheelchair. They need a shower or bathtub that their wheelchair can roll into or a tub cut.
- The person with a disability has trouble sitting and standing. They need grab bars to help them use the shower or bathtub.



Part 2 (Continued)

(Only fill out this section if the Household member needs a unit and/or common area with special features due to a disability. Otherwise, proceed to Part 3.)

Please only select features needed for the EA shelter placement as a result of a disability. You can select more than one if needed.

A request for a unit with special features:

- The person with a disability has trouble sitting and standing. They need grab bars to help them use the toilet.
- The person with a disability needs a chair in their shower or bathtub.
- The person with a disability needs a hand-held shower head.
- The person with a disability is Deaf or hard of hearing. They need a bed shaker alarm to wake them up.
- The person with a disability is Deaf or hard of hearing. They need a flashing doorbell to let them know when people are at their room door.
- The person with a disability is Deaf or hard of hearing. They need a flashing fire alarm to let them know when there is a fire. They also need the fire alarm to shake their bed in case they are sleeping.
- The person with a disability cannot see or has trouble seeing. They need help to find things in their shelter. They need things like braille or stickers on their appliances.
- The person with a disability cannot see or has trouble seeing. They need documents to be provided to them in braille or read aloud to them.

Part 3: Other Reasonable Accommodation Needs due to Disability

Placement type or location:

- Transfer to a shelter where family does not share space with other families.
- Family needs to live near a certain area or location due to a disability. The area or location they need to live near is:
_____.
- Placement in a certain type of shelter. Please explain below:

A request for a change in the rules because of a disability:

- Change to scheduled meeting times.
- Change to chores person with disability is being asked to do in shelter.
- The person with a disability has medication that must be kept cold. They need a refrigerated space to keep the medication.
- The person with a disability has special diet needs. They need access to a space for cooking, or extra times to cook, to follow the special diet.
- The person with a disability needs a change to the shelter curfew rules. Because of the disability, they need to leave early in the morning or return late at night.



Part 3 (Continued)

A request for a change in the rules because of a disability:

- Family needs a room big enough to fit medical equipment. The equipment the person with a disability has is:

- Other:

A request related to communication:

- The person with a disability cannot read or has trouble reading. They need important documents read to them.
- The person with a disability has trouble remembering things. They need shelter staff to help them understand what they need to do and other information they need to know.
- The person with a disability has trouble remembering things. They need staff to write things down for them in plain language.
- A person in the family is Deaf or hard of hearing, and they need help to communicate. For example, sign-language interpretation and telephone relay service.

Part 3 (Continued)

Request for a Service Animal or Support Animal:

- The person with a disability has an animal they need in shelter. The animal is a dog trained to perform specific tasks for them (a service animal). What work or task has the dog been trained to perform? Please describe:

- The person with a disability has an emotional support animal that they need in shelter due to their disability.
- The person with a disability has another type of support animal that they need in shelter due to their disability. Please describe:

Request Related to a Disciplinary Action:

- The person with a disability has been given a non-compliance or termination in shelter.* The non-compliance or termination is related to their disability. They are asking for the non-compliance or termination to be rescinded (which means taken back).

***Note to EOHLC: Attach the noncompliance or termination to this request form.**



Part 3 (Continued)

Other Types of Requests:

- The person with a disability needs a personal care assistant. Please explain:

How often do they need the person (ex: daily, weekly, every other day, etc.):

About how many hours a day do they need the person?

Do they need the person overnight?

- Yes No

Part 3 (Continued)

Other Types of Requests:

What is the name of the PCA, if known? What is this person's relationship to person with the disability?

Does this person work with an agency? What is the name of the agency, if known?

- Yes No

- The person with a disability lost their housing for a reason that usually would not qualify for the EA program. The reason they lost their housing was related to their disability. Please describe:

- Other. The accommodation the person with a disability needs is:



Part 4: Explanation Regarding Necessary Features, Placement, or Geographical Type

(Fill in these sections only if you indicated in Part 2 or Part 3 that the Household Member needs a specific unit, common area, or locational features due to a disability. Otherwise proceed to Part V.)

Please explain why the boxes you checked in Part 2 and/or Part 3 are necessary due to the Household Member's disability. Explain how the required features will help to improve the symptoms of the person's disability or meet their disability related needs in order for the person to equally participate in or benefit from the EA shelter program. Explain how long the accommodation(s) will be needed. If they need features not found in Part 2 or Part 3, please describe them below as well.

Please explain why the boxes you checked in Part 2 and/or Part 3 are necessary due to the Household Member's disability. Explain how the required features will help to improve the symptoms of the person's disability or meet their disability related needs in order for the person to equally participate in or benefit from the EA shelter program. Explain how long the accommodation(s) will be needed. If they need features not found in Part 2 or Part 3, please describe them below as well.

**When providing explanations in this form, please only provide information that demonstrates the relationship between a disability verified by your response to Part 1 and the need for the proposed accommodation. Please do not provide information that is not directly relevant to the requested reasonable accommodation.*



Part 4 (Continued)

If you are recommending a placement or a transfer to another shelter for reasons other than what is in Part 2 or 3, please explain. Explain the disability-related need. Are there any other types of accommodations that might meet this disability-related need:

Have you or a colleague visited the current unit?

Yes No

If yes, when was the last visit?

**When providing explanations in this form, please only provide information that demonstrates the relationship between a disability verified by your response in Part 1 and the need for the proposed accommodation. Please do not provide information that is not directly relevant to the requested reasonable accommodation.*



Part 5: Changes to the Rules, Policies, Procedures, or Services due to Disability

(Only fill out these sections if the Household Member requested changes to rules, policies, procedures, or services due to disability not covered above. Otherwise, proceed to part 6.)

The Household Member needs a change in policy or procedure due to the person's disability, in order to equally enjoy and participate in the EA program.

Please use the space below to explain what accommodation(s) is needed, the anticipated length of time for which it will be needed, and why it is needed due to the disability.

Part 5 (Continued)

Note: Regarding requests for personal care attendants (PCAs) or non-EA household member to reside in or enter the EA Unit to assist the Household Member with a disability, please explain the following:

- a) The need for a PCA or non-EA household member to *reside in* OR to *visit the unit* to assist the household member with a disability, including the duration of residence or frequency of visits.
- b) Whether your agency will provide the PCA or person providing the assistance; or
- c) If a family member is identified as the PCA, provide the individual's complete name, relationship to the Household Member and whether that individual is qualified to perform the required duties pursuant to your professional opinion and assessment. Also, please clarify whether the PCA needs to live with the family or will only be visiting at certain times to assist the Household Member with a disability.

**When providing explanations in this form, please only provide information that demonstrates the relationship between a disability verified by your response in Part 1 and the need for the proposed accommodation. Please do not provide information that is not directly relevant to the requested reasonable accommodation.*



Part 5 (Continued)

Additional Writing Space



Part 6: Certification

Based on your professional judgement and assessment of needs, please **check only one** of the following. If you cannot certify, please explain **why**:

I certify that the accommodation(s) checked and described above may be necessary for the Household Member because of the Household Member's disability in order to equally participate in I or benefit from the EA program as explained above,

OR

cannot certify that the accommodation(s) checked and described above may be necessary for the Household Member because of the Household Member's disability in order to equally participate in or benefit from the EA program, because:

OR

I certify that the identified Household Member does NOT have a disability and therefore does not need accommodation(s) because of a disability in order to equally participate in or benefit from the EA program.

Signature

Name (please print)

Agency or Clinic, if applicable

Phone

Fax

Email address

Date

Title

Complete Address

If you have any questions about this form, please contact EOHL's Central ADA Coordinator(s) at:

Email: EOHLceada@mass.gov

Fax: 617-573-1578

Mail: Central ADA Coordinator
Division of Housing Stabilization
100 Cambridge St., 3rd Floor,
Boston, MA 02114