



CONSENT FOR REQUEST FOR REASONABLE ACCOMMODATION: Emergency Assistance (“EA”) Program

- Initial Request Change to Initial Request

Consent: Your Statement

I am asking EOHLC for extra help or a change for my family. We need this extra help or change because

(Household Member) has a disability.

Explanation for You

The **law defines a disability** as a:

- physical or mental impairment that
- substantially limits
- one or more major life activities.

This can be a health condition that affects someone’s life in major ways.

For example, a health condition that affects:

- | | | |
|---------------------------|---------------------------|---|
| • Walking | • Learning | • Focusing |
| • Talking | • Thinking | • Reading |
| • Hearing | • Working | • Writing |
| • Seeing | • Breathing | • Doing physical tasks, such as lifting |
| • Safety | • Behavior | • Eating |
| • Taking care of yourself | • Interacting with others | • How the body works |

Instruction (or Explanation) for You

A family can ask for extra help or a change that the family needs now or in the future. This can be help or a change that you need because of a disability that Household Member has now. It can also be a change in rules now because of a disability that affected your family’s life in the past (for example, if you lost your housing because of a disability). EOHLC will decide if we can provide the extra help or change and if it is reasonable. This is called a reasonable accommodation.

EOHLC needs to confirm that someone in your household has a disability, and needs the extra help or change you have asked for.



Instruction (or Explanation) for You

EOHLC can get this information from a doctor, nurse, or other health care worker:

- someone who helps people recover from illness or injury
- a case worker or social worker
- another reliable person who gives services or peer support to people with disabilities as part of their job or regular volunteer work.

NOTE:

You do not have to fill out this form now. But sometimes, when someone asks for a reasonable accommodation, EOHLC (we) need more information in order to make a decision. If we need more information, we will let you know. Then either you can ask Household Member’s provider for documents and then give them to us, or we can ask Household Member’s provider for you. If you want EOHLC to ask Household Member’s provider for you, we will need this form.

Statement by You (family allowing provider to share information with EOHLC)

I have asked EOHLC for a reasonable accommodation. I allow this provider to give EOHLC information so EOHLC can make a decision. I only allow this provider to give EOHLC information that applies to my request for reasonable accommodation.

Name of family member with disability

That person’s date of birth

Name of provider

Address of provider

Telephone number of that provider

Do you allow this provider to share information about drug or alcohol treatment?

Yes No

This permission lasts for one year, or until:



Statement by You (family allowing provider to share information with EOHLIC):

I understand that:

- EOHLIC may not be covered by the same privacy laws as my provider.
- EOHLIC will keep all this information completely confidential (or private).
- EOHLIC will only use this information to make a decision about my request for reasonable accommodation.
- My provider cannot require me to sign this form to give me medical treatment.
- I can request to end this permission at any time.

Signature: How old is the family member who has a disability?

- If they are 18 or older, they can sign this form.
- If they are under 18, their parent or guardian can sign this form.
- If they are 18 or older AND has a guardian, BOTH the person with disability and head of household must sign.

Signature of person with disability (if 18 or older)

Date

Signature of parent or guardian
(if person with disability is under 18)

Date

Print your name here

Signature of Head of Household

Date

Print your name here

Send this form to the Central ADA Coordinator:

- By email: EOHLCEaada@mass.gov
- By fax: 617-573-1578

- By mail: Central ADA Coordinator
Division of Housing Stabilization
EOHLIC
100 Cambridge Street, 3rd Floor
Boston, MA 02114