



Request for Reasonable Accommodation: Emergency Assistance (“EA”) Program

Do you need help with this form? You can complete this form in writing. You can also talk to us and give us the information. We can also help you make a request in a different way. You can contact anyone at your shelter for help. This includes your shelter ADA coordinator. You can also contact EOHLC’s Central ADA coordinators for help, by emailing EOHLCeada@mass.gov.

Instructions

- **What is the purpose of this form?** This form is for people who need help or changes to their shelter or to program rules. The person **must** need the help or change **because of a disability**. The help or change also **must be needed to get the same benefit from EA as people who do not have a disability**. This form is the first step in requesting the help or change a person with a disability needs. This form will guide you in making a request for help and will explain next steps.
- **Who should use this form?** Use this form if you or a family member need extra help or a change because of a disability. That help can be needed now or in the future.
- **Need help with this form?** If you need help with this form, contact the ADA Coordinator at your shelter or at EOHLC for help.
- **Who can fill out this form?** You can fill out this form on your own, with a family member, EOHLC or shelter staff, or anyone else you choose.
- **Does more than one person in the household need an accommodation?** Please fill out a new form for each person.

What is a disability?

A disability¹ is a health condition that affects someone’s life in major ways. This can be your physical, mental, or emotional health.

For example, a health condition that affects:

- Behavior
- Walking
- Talking
- Hearing
- Seeing
- Breathing
- Eating
- Doing physical tasks, such as lifting
- How the body works (examples: organs, blood flow)
- Working
- Reading
- Writing
- Learning
- Thinking
- Focusing
- Safety
- Taking care of yourself
- Interacting with others

¹The law defines a disability as a:

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



Request for Reasonable Accommodation: Emergency Assistance (“EA”) Program

What is a Reasonable Accommodation?

You can ask for extra help or a change, (for example, a change to a rule or shelter unit) because of a disability. You can ask for help that you need now, or something you will need in the future. You can also ask for help or a change you need now because of a disability that affected events in the past.

EOHLC will decide if we can reasonably provide the extra help or make the change. This is called a reasonable accommodation.

Household Information

Head of household name

Last 4 digits of Social Security Number

Date of birth

Shelter mailing address

Phone number

Email address

**Name of person who needs the
accommodation**

**Relationship to Head of Household (self, child,
spouse, etc.)**

Household Information

**Last 4 digits of Social Security Number of
person who needs accommodation**

**Date of birth of person who needs
accommodation**

Name of person completing the form

Relationship to household

Phone number

Email address

Mailing address



Your accommodation request

This is a list of commonly requested help or changes. Please check all boxes that apply to the person who needs the accommodation.

A request for a transfer because of a disability:

Note: It may take time to transfer your family if your request is approved. We have a limited number of shelters. Timing of transfers depends on a number of factors.

- I am asking to be placed in a certain type of shelter because of a disability. Please explain below:

- I need to be transferred to a shelter where I do not share space with other families.

- I need to live near a certain area or location due to a disability. The area or location I need to live near is:

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

- I need a change to my scheduled meeting times.
- I need a change to the chores I am asked to do in shelter.
- I need a room big enough to fit my medical equipment. The equipment I have is:

Your accommodation request

- I take medication that must be kept cold. I need a refrigerated space to keep my medication.
- I have special diet needs. I need access to a space for cooking, or extra times to cook, to follow my special diet.
- I need a change to the shelter curfew rules. Because of my disability, I need to leave early in the morning or return late at night.

- Other:

A request for a unit with special features:

- I need a shelter placement that has no carpet.
- I cannot climb stairs. I need a shelter where I do not have to climb any stairs.
- I cannot climb more than _____ stairs. I need a shelter where I do not have to climb more than this number of stairs.
- I use a wheelchair. I need a shelter room that is wheelchair accessible.
- I use a wheelchair. I need a shower or bathtub my wheelchair can roll into or a tub cut.
- I have trouble sitting and standing. I need grab bars to help me use the shower or bathtub.
- I have trouble sitting and standing. I need grab bars to help me use the toilet.
- I need a chair in my shower or bathtub.



Your accommodation request

A request for a unit with special features (continued):

- I need a hand-held shower head.
- I am Deaf or hard of hearing. I need a bed shaker alarm to wake me up.
- I am Deaf or hard of hearing. I need a flashing doorbell to let me know when people are at my room door.
- I am Deaf or hard of hearing. I need a flashing fire alarm to let me know when there is a fire. I also need the fire alarm to shake my bed in case I am sleeping.
- I cannot see or have trouble seeing. I need help to find things in my shelter. I need things like braille or stickers on my appliances.
- I cannot see or have trouble seeing. I need documents to be provided to me in braille or read aloud to me.

A request related to communication:

- I cannot read or have trouble reading. I need important documents read to me.
- I have trouble remembering things. I need shelter staff to help me understand what I need to do and other information I need to know.
- I have trouble remembering things. I need staff to write things down for me in plain language.
- I am Deaf or hard of hearing and need help to communicate. For example, sign-language interpretation and telephone relay service.

Your accommodation request

Request for a service animal or support animal:

- I have an animal I need in shelter. The animal is a dog trained to perform specific tasks for me (a service animal). What work or task has the dog been trained to perform? Please describe:

- I have an emotional support animal that I need in shelter due to my disability:
- I have another type of support animal that I need in shelter due to my disability. Please describe:

Request related to a disciplinary action:

- I have been given a non-compliance or termination in shelter.* The non-compliance or termination is related to my disability. I am asking for the non-compliance or termination to be taken back.

***Please attach a copy of the noncompliance or termination to this request form when you submit it.**



Your accommodation request

Other types of requests:

- I need a personal care assistant. Please explain:

How often you need the person: (examples: daily, weekly, every other day, etc.):

About how many hours a day you need the person

Do you need the person overnight:

- Yes No

What is the name of your PCA? What is this person's relationship to you?

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

- Yes No

Your accommodation request

Other types of requests:

- I lost my housing for a reason that usually would not qualify for the EA program. The reason I lost my housing was related to my disability. Please describe:

- Other – the accommodation I need is:



Why you need the accommodation(s)

- Tell us why you need the help for every box you checked above. Give us as much detail as you can about the help you need.
- Explain how the help relates to your disability.
- Explain why you need the help to benefit from the EA program.
- Share any extra details about the help you need.
- If you have a letter about the help you need, please include it with this form. This letter has to come from someone who has direct knowledge of your disability needs.



What happens next?

We will review your request and make a decision or tell you if we need more information within 30 days or less. It may help if you give us a letter from someone who helps you with your disability. For example, a doctor, a therapist, a social worker, or a peer support provider.

We may need more information from you before we can make a decision. If this happens, we will contact you by phone or email. You must reply to our email or call. We cannot decide your request if you do not respond to us.

If we need more information, you will have two options:

- **Option 1:** We will give you a form to give to your doctor or service provider who helps with your disability. This form is called the Certification of Need for Reasonable Accommodation form. It will ask your provider to confirm the information we need.
- **Option 2:** We can contact and send the Certification of Need for Reasonable Accommodation form to a doctor or service provider that helps you with your disability. If you want us to do this, you must sign the Consent for Request for Reasonable Accommodation Form and give it to us.

We will only talk with your provider about the request you made in this form. We will only ask for information we need to approve or deny your request. If you do not have a doctor or service provider who helps with your disability, we will talk to you about other options.

If we decide we need extra information, we will contact you by phone or email. You must reply to our email or call. We cannot decide on your request if you do not respond to us.

We may need to talk with you about your request. We may ask if a different type of help would meet your needs. If this happens, we will contact you by phone or email. You must reply to our email or call. We cannot decide on your request if you do not respond to us.

Note: If your request is approved, it may still take time to provide the accommodation.

Signature

Name (please print)

Date

Title

The **fastest** way to start the review of your request is to email the Central ADA Coordinator at the email address below.

You may also:

- Fax or mail your request to the Central ADAC Coordinator; OR
- Give the form to any shelter or EOHL staff. They will then forward it to the Central ADA Coordinator.

Contact information for the Central ADA Coordinator:

- **By email:** EOHLCeada@mass.gov
- **By fax:** 617-573-1578
- **By mail:** Central ADA Coordinator
Division of Housing Stabilization
EOHLC
100 Cambridge Street, 3rd Floor
Boston, MA 02114