REASONABLE ACCOMMODATION REQUEST

**Note:** This form should be completed by the applicant, resident, or participant for self or on behalf of a family member, and may be submitted to the Housing Authority of Cook County (HACC) at any time. **If you need assistance completing this form,** or you have any additional questions or concerns, please contact Brian Barnes at (312) 542-4683.

Date of Request ___________________________ Client Number ___________________________

Name of Applicant/Resident/Participant ___________________________ Telephone Number ___________________________

1. Reasonable accommodation requested (What you need HACC to do to accommodate you, in your own words and why)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

1. Reasonable accommodation requested for: ___________________________ Household Member’s Name ___________________________

2. Reason for requesting this accommodation: ___________________________

______________________________________________________________________________

Please state why you require a reasonable accommodation and when

3. You will need to provide proof of your need for the accommodation. Information may be provided from your doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the person’s disability. The independent party may complete the Reasonable Accommodation Third Party Verification form. [The Third Party Verification form is NOT to be completed by the person requesting the Reasonable Accommodation.]
4. The doctor who provides the information for the accommodation must sign the form, print their name, and include their Illinois Medical license number. The form should also have a letter attached that CLEARLY answers the medical questions that are included on the form and gives the doctor’s medical opinion whether or not they believe that the requested accommodation is appropriate for you. Forms or letters that are incomplete will not be considered enough information and more information will be required; this will delay the time it takes to grant or deny the request.

5. If your request involves a transfer, you will need to also complete a Transfer Request Form. If your request involves the addition of a Live-in Aide, you will need to complete additional Live-in Aide forms.

6. **I hereby understand, acknowledge, and certify as follows:**  
   (a) That I had a full opportunity to read and consider the contents of this authorization, and by signing this form, I am confirming that the information in this Request for Reasonable Accommodation is true and accurate.  
   (b) I give HACC permission to talk with my physician or other professional, reliable third party or Case Manager who has completed the verification for the reasonable accommodation requested.  
   (c) This authorization will expire 6 months from the date it is signed.  
   (d) I have the right to revoke this authorization at any time by giving written notice of my revocation to HACC.

**By signing this document, I certify under penalty of perjury that the information and statements I have provided as part of and/or in support of this request for a reasonable accommodation are, to the best of my knowledge, true and accurate.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of Applicant/Resident/Participant</th>
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Please return the completed and signed form and the Certification and Third Party Verification to:

Housing Authority of Cook County  
ADA/Section 504 Coordinator  
175 W. Jackson Blvd., Suite 350  
Chicago, IL 60604

**FOR HACC USE ONLY:**

Request was:   □ Approved   □ Denied

Alternate reasonable accommodation was offered, as follows:

Date of contact: ________________ Who contacted: __________________________

Alternative accommodation offered was ______________________________________ (Describe the alternate accommodation offered)

Alternative accommodation was   □ Accepted   □ Refused

Appeal of Decision filed:   □ Yes   □ No

Result of Appeal: ______________________________________