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800.848.0298 (Tennessee Relay Center)
www.kcdc.org

FAX

To: Kim Mills – ADA/504 Coordinator **From:**

Fax: (865) 594-0271 **Pages:**

Phone: (865) 403-1100, ext. 1195 **Date:**

Re: Reasonable Accommodation Request **CC:**

<input type="checkbox"/> Urgent	<input type="checkbox"/> For Review	<input type="checkbox"/> Please Comment	<input type="checkbox"/> Please Reply	<input type="checkbox"/> Please Recycle
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It is KCDC's policy to provide reasonable accommodations in housing for applicants and residents with disabilities when such accommodation is necessary to provide them with an equal opportunity to use and enjoy KCDC housing.

Dear Resident/Applicant:

Please complete questions 1-4 on the top portion of the Reasonable Accommodation Request form. Your medical professional, peer support group representative, non-medical service agency representative or a reliable third party must complete and sign the bottom portion of the Reasonable Accommodation Request form.

Dear Medical Professionals, Peer Support Group Representative, Non-Medical Service Agency or Reliable Third Party:

We have provided the above individual with a Reasonable Accommodation Request form that is required to be completed by a medical professional, peer support group representative, non-medical service agency, or reliable third party. As their verifier we ask that you give careful, reasoned thought to this request as many deserving people need housing and other assistance.

When requesting your accommodation in writing please use this fax cover sheet to return for consideration. If you have any questions, please feel free to contact me at the telephone number provided above.

Comments to KCDC:



REASONABLE ACCOMMODATION POLICY STATEMENT

It is the policy of Knoxville Community Development Corporation (KCDC) to provide “reasonable accommodation” in housing for applicants and residents with disabilities (for purposes of these policies, the preferred term “disability” includes within its scope the term “handicap”) when such accommodation is necessary to provide them with an equal opportunity to use and enjoy KCDC housing. This policy is in furtherance of KCDC’s goal of providing affordable housing to low-income persons regardless of disability and in compliance with applicable federal, state and local law. A “reasonable accommodation” may be requested in writing or orally and is a modification or change made to:

- 1) Agency Policies/Procedures
- 2) A Person’s Apartment
- 3) A Common or Public-use Area

Such a modification or change should result in KCDC’s ability to assist an individual with a disability who may otherwise be eligible to benefit from KCDC housing. KCDC will provide such accommodation *unless doing so would result in a fundamental alteration of the nature of its programs or operations, or unless making such an accommodation should pose an undue financial and/or administrative burden*

DEFINITION OF DISABILITY

In Federal civil rights laws, the definition of disability includes:

“ . . . with respect to a person, **a physical or mental impairment which substantially limits one or more major life activities**; a record of such an impairment; or being regarded as having such an impairment . . .

“ . . . physical or mental impairment includes: (1) **any physiological disorder or condition, cosmetic disfigurement, or anatomical loss** affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; *or* (2) **any mental or psychological disorder**, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

“ . . . The term ‘physical or mental impairment’ includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance), and alcoholism.”



Reasonable Accommodation Request Form



I, _____, qualify as an individual with a disability as defined by the fair housing and/or civil rights laws. (See definition on back of this form.)

If the above mentioned person is a minor, and you are the parent/guardian of the individual, check here.

1. Because of a disability (ies), I need the following accommodation(s):

2. I need the accommodation(s) listed in Item 1 above because: _____

3. I currently receive income via Social Security (SS, SSI, SSDI) and/or have a signed disability verification form signed by a doctor and on file with KCDC. Yes No

4. I give KCDC staff permission to request verification of my need for the stated accommodation from the person who signs this form.

Signature of Requesting Individual

Date

Printed Name

Telephone Number

Street City State Zip

Keep in mind that many deserving people need housing and other assistance, so we ask that you give careful, reasoned thought to this request. Fraud is the intentional, false representation or concealment of a material fact for the purpose of inducing another to act upon it to his or her injury. KCDC will report to the Office of Inspector General (OIG) any irregularity, or suspected irregularity, involving employees as well as consultants, vendors, contractors, and/or any other parties with a business relationship with KCDC.

The person listed above is disabled as defined on page two of this form. The accommodation(s) requested above is (are) consistent with the needs associated with the disability(ies). (Please do not reveal the specific nature or severity of the individual's disability.)

Signature of Medical Professional, Peer Support Group, Non-Medical Service Agency, or
Reliable Third Party who is in a position to know about the individual's disability

Date

Printed Name and Title of Professional or relationship to requesting individual

Telephone Number

Fax Number

Questions about this form may be directed to Kim Mills, 504 Coordinator at (865) 403-1100 x1195

For KCDC Staff Use. LIPH Section 8 PBRA Other Move-in Date _____
Bedroom Size _____ Disabled _____ # in Household _____ Age of Recipient _____ Sex/Age of Child(ren) _____
Request was made orally and applied to this request form for record keeping purposes by _____

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