

NEW YORK CITY HOUSING AUTHORITY

NYCHA RESIDENT: WRITE-IN THE RETURN ADDRESS OF YOUR NYCHA DEVELOPMENT MANAGEMENT OFFICE AT BOTTOM OF THE NEXT PAGE, SO MEDICAL VERIFICATION CAN BE PROPERLY RETURNED.

REASONABLE ACCOMMODATION REQUEST – DISABILITY VERIFICATION

NAME (<i>Tenant/Co-Tenant</i>)			Tel. # ()
Street Address		Apt. #	Account #: □□□ - □□□ - □□□
City/Borough	State	Zip	Development Name

Dear Tenant/Applicant:

The purpose of this form is to help you get the medical proof needed to show that you or a family member has a disability and needs a reasonable accommodation from NYCHA. If more than one person in the household has a disability and is requesting a reasonable accommodation, a different form should be completed for each person.

This form must be signed by an adult requesting a reasonable accommodation, or parent or guardian of the child with a disability for whom the accommodation is requested. **NYCHA residents must write-in their development management office address on the back of this form.** Please complete this form and bring it to your doctor or other health care provider. **The New York City Housing Authority will only use this information to decide if a member of your household needs a reasonable accommodation for a disability, and the type of accommodation needed. NYCHA will keep the information, and any doctor's letters, confidential as required by law. If you choose not to authorize the release of this medical information to NYCHA, we will not be able to grant your accommodation request.**

1	Identity of the person with a disability requesting a reasonable accommodation	Name: Date of Birth (<i>mm/dd/yyyy</i>): Last 4 digits of Social Security No.: Relation to above Applicant/Tenant: (<i>if the same person, write "same"</i>):
2	Type of Modification/ Accommodation Requested	
3	Authorization to Release Information	I, the above named Applicant/Tenant, authorize the health care provider listed below to provide NYCHA with the following information about the person with a disability named above, as it relates to the disabled person's reasonable accommodation request. <ul style="list-style-type: none"> • The patient's current physical, medical, mental, or psychological impairment, including the patient's diagnosis, the severity of symptoms, and resulting functional limitations; • The history of the patient's medical treatment for the condition, including hospitalizations, medication, and other treatment for the condition; • The history of the medical provider's treatment relationship with the patient, including how long the provider has treated the patient; • Information regarding the patient's need for the reasonable accommodation listed above, or a recommendation for an alternative reasonable accommodation. The Health Care Provider is authorized to release information to NYCHA at the office and address listed below. The tenant/applicant authorizes release of this information, even though it may otherwise be confidential under New York State Law or the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). <ul style="list-style-type: none"> • This Authorization does not waive any professional relationship confidentiality.



<p>Authorization to Release Information</p>	<ul style="list-style-type: none"> • This Authorization can be revoked by me at any time, by written statement to the Health Care Provider. • The information provided to NYCHA will be in response to this form, and can either be written and attached to this form or provided as additional documents or responses to follow-up inquiries from NYCHA. • This Authorization is for the limited time and purpose of allowing NYCHA to consider and respond to my reasonable accommodation request. In any event, this authorization expires one year from the date signed.

<p>_____ Signature of Applicant/NYCHA Tenant _____ Date</p>	
<p>_____ Signature of parent or guardian of applicant/tenant _____ Date</p>	
<p>_____ If parent/guardian, explain relationship to applicant/tenant _____ Date</p>	

Notice to Doctor/Health Care Provider:

NYCHA applicants and residents with disabilities may have a right to reasonable accommodations in NYCHA housing or NYCHA programs, policies, or procedures if needed because of a disability. Anyone with a physical, medical, mental, or psychological impairment may be entitled to reasonable accommodations. Examples of impairments are mobility impairments, sensory impairments (e.g., blindness or deafness), chronic health problems (e.g., asthma), and mental health problems.

Please describe on your official stationery detailed responses to the following:

- How long has the NYCHA resident requesting a reasonable accommodation been your patient?
- When did you last see this patient?
- Describe the nature of the patient's disability, including the patient's symptoms and any functional limitations.
- Describe why the patient needs the reasonable accommodation he/she has requested for his/her disability, and how the requested accommodation would accommodate the disabled person's disability.
- Is the need for an accommodation permanent or temporary? If temporary, how long do you expect the need to last?

Attach your letter to this Disability Verification form and return it directly to:

[NYCHA Resident: Write-in the address of your NYCHA development management office]

New York City Housing Authority - (NYCHA/Development/Department):

(Address):

(City/State/Zip):

The translation is provided to you as a convenience to assist you to understand your rights and obligations. The English language version of this document is the official, legal, controlling document. The translation is not an official document.

A translation of this document is available at 250 Broadway, 2nd floor, New York, NY 10007
La traducción de este documento está disponible en 250 Broadway, 2º Piso, New York NY 10007
С переводом этого документа можно ознакомиться по адресу: 250 Broadway, 2-й этаж, New York, NY 10007
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