

## **Reasonable Accommodation Request**

A participant of Opportunity Home San Antonio's housing assistance programs may request a change in their current unit or a transfer to a unit that has already been changed. An applicant, resident, or program participant may request assistance with, or change(s) in, an Opportunity Home practice, rule, policy, program or service. The requested change must enable a person with a disability to have equal access to, and enjoyment of, their unit or other facilities on site.

A disability is defined, in part, as a physical or mental impairment that substantially limits one or more major life activities, a record of having such an impairment, or being regarded as having such an impairment.

Opportunity Home may require documentation to support the reasonable accommodation (RA) request(s).

General Information			
Head of Household		Last 4 of SSN	
Current Address			
City	State	Zip Code	
Email Address			
Individual Needing RA			
Head of Household Telephone Number			
Required Information			
1. Because of the above individual's disability, the following reasonable accommodation (change or assistance) is necessary so that the individual can participate in Opportunity Home's Federal Housing Programs. Please mark the accommodations requested below. Only select options under your specific housing program (either Public Housing or Housing Choice Voucher):			
Public Housing Residents	Housing Choice Voucher Residents		
☐ Accessible unit	☐ Early Release		
Ground Floor Unit	☐ Higher Payment Standard		
Live-in Aide	Live-in Aide		
Designee	Designee		
<ul><li>Additional bedroom for medical equipment</li></ul>	Additiona equipmen	l bedroom for medical It	
Other:	Other:		





2. Indicate the knowledgeable professional that Op	portunity Home ma	y contact:
Please complete all fields below.		
Name		Title
Address		
City	State	Zip Code
Company		
Phone Number		
Fax Number		
Note: Individuals may obtain a copy of Opportunity H procedures upon request at the Central Office (818 S. (www.homesa.org).  This material is available in an accessible format upo  Please complete and submit this form and send a	. Flores St., San Anto on request by calling any supporting doc	onio, TX 78204) or on our website (210) 477-6000.
Flores St., San Antonio, TX 78204 or to accommo	dations@homesa.o	rg.
By signing this form, I authorize the healthcare reinformation requested by Opportunity Home San accommodation. Opportunity Home may use this accommodation requested.	Antonio concerning	g my request for reasonable
Signature of Individual Requesting RA		Date

