



Baltimore County Office of Housing

REASONABLE ACCOMMODATION REQUEST FORM

This form may be used to request that the Baltimore County Office of Housing (BCOH) provide a reasonable accommodation to you or any member of your household who has a disability so that you or a member of your household may utilize your residence or any of BCOH's facilities, programs, and/or services.

If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact the BCOH Reasonable Accommodation Coordinators for assistance.

If you have a disability and would like to request a reasonable accommodation on behalf of yourself or a member of your household with a disability, please complete this form.

- You may make a request for assistance to complete this form by phone or via email to one of the Reasonable Accommodation Coordinators who will help you complete this form.
 - ➔ To request assistance, call the Reasonable Accommodations Coordinators at 410-887-3435 or send an email to rar@baltimorecountymd.gov
 - ➔ Walk-ins to the Office of Housing will be seen based on the availability of a Reasonable Accommodation Coordinator. Appointments are recommended.

You must sign and date the form on page 2 and return both pages to the BCOH staff working with you. Please also provide the best phone number and email to reach you.

To be completed and signed by the Head of Household:

1. Name of Head of Household: _____

2. I am requesting reasonable accommodation on behalf of the following person in my household with a disability:

Please write the name of the ONE person in the household with the disability that requires the specific reasonable accommodation(s) listed in #2. If another household member requires their own reasonable accommodation, please complete separate forms for each household member.

3. Due to the medical/health needs of the person listed in #1, I am requesting the following reasonable accommodation(s):

4. Please explain why the person listed in #1 needs the requested accommodation(s). Please describe how the requested reasonable accommodation(s) will assist the person to have the opportunity to access housing, maintain housing, or fully use/enjoy housing and/or any of BCOH's programs:



5. Head of Household Status: Current Participant Applicant Other:
Current Size Unit (if current participant): 0 BR 1 BR 2 BR 3 BR 4 BR 5 BR

Print name of Head of Household

Last four digits of HOH SS#

Signature of Head of Household

Date

Email address

Phone number

Additional Information for the Head of Household:

1. BCOH may require verification or a letter from your medical provider, social service agency, disability agency, clinic or other professional evaluator/ diagnostician or treatment provider so that BCOH can better understand your needs and confirm the medical need for the requested reasonable accommodation. Specific diagnoses are NOT required when completing this form and should be left out whenever possible.
2. If you need a different unit or modification to your unit because of your disability, BCOH will work with you to determine how to fulfill your reasonable accommodation request.
3. If BCOH does not require any additional information, you will receive a written response within ten (10) business days of submitting this request.
4. If BCOH needs additional information, you will hear from BCOH in writing within the next ten (10) business days.
5. Please keep copies of all documents you submit for your own records.
6. Please do not submit photographs of documents. If sending the documents via email, please scan them and send in .pdf format. You may also submit them via fax, mail, or drop off to the Baltimore County Office of Housing.
7. Please be advised that emails sent from the Housing Reasonable Accommodation email account (rar@baltimorecountymd.gov) that contain personal and/or confidential information will be sent in an encrypted format. We cannot send them via an unencrypted email.

Baltimore County Office of Housing use only:

Did BCOH staff fill out this form out as a written record of the request? Yes ___ No ___

Did the staff person read it back to the requester to make sure it is accurate? Yes ___ No ___

BCOH Staff Name: _____ Date: _____

