

The Community Partnership for the Prevention of Homelessness Reasonable Accommodation Treating Professional Supporting Statement

Please use this form to request a reasonable accommodation. If this request is for a STRUCTURAL ALTERATION or additional review prior to approving is required, please return this form to The Community Partnership for the Prevention of Homelessness, Attn: ADA Coordinator 801 Pennsylvania Avenue, SE, Suite 360, Washington, DC 20003 or electronically to <u>CCoates@community-partnership.org</u>.

| Client Information            |                                   |
|-------------------------------|-----------------------------------|
| Name of<br>Client:            | Date of Request:                  |
| Program<br>Name:              | Address of Client:                |
| Phone<br>Number of<br>Client: |                                   |
|                               | Treating Professional Information |
|                               |                                   |
| Name of<br>Professional       |                                   |
| (Include                      |                                   |
| Credentials):                 | Date of Completion:               |
|                               |                                   |
| Phone Number:                 | Address of Practice:              |
| Email Address:                |                                   |
|                               |                                   |

#### Supporting Statement

In the space below, please describe the accommodation being requested. Use additional sheets if needed. In the case of using additional sheets, the statement must be typed on agency letterhead and signed by the treating professional.

#### Acknowledgment

By signing below, I verify that I am the treating professional for the client named, the client needs this accommodation as a part of their treatment plan and that the information provided is accurate and true.

# If you disagree with the Reasonable Accommodation Decision, you have the right to Appeal and to file a Complaint

## Your Right to Appeal Your Accommodation Request

You can ask for an appeal in any of the following ways:

- Ask your Program Director to appeal the decision through the <u>program's internal grievance</u> <u>process</u>. Each grievance related to a reasonable accommodation request will be brought to the Community Partnership's attention for further review.
- Within 60 days of the Reasonable Accommodation Decision, <u>contact the DC Department of</u> <u>Human Services (DHS) ADA Coordinator</u> at 202-671-4422 phone, 202-671-0180 fax, 202-671-4495 TTY to file an appeal with DHS.
- 3. Within 90 days of the Reasonable Accommodation Decision, <u>call the DC Office of</u> <u>Administrative Hearings</u> (OAH), at 727-8280 or send in your request in writing to the Office of Administrative Hearings, 441 4<sup>th</sup> Street, N.W., Suite 540 South, Washington, D.C. 20001. (You can also tell a staff member where you reside that you want a Fair Hearing and he or she must help you make your request or you can call the Family Services Administration, at 541-3914.)

OAH will schedule you for an administrative review with DHS. If that hearing doesn't resolve your concerns, you will get a fair hearing with OAH. At your administrative review or hearing, you have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the D.C. Government and to bring witnesses or evidence that helps your case.

#### Your Right to File a Complaint

If you believe that your rights have been ignored or violated or that you have been discriminated against, you have the right to file a complaint with DC government agencies or in court.

You can file a complaint in any of the following ways:

- Within 60 days of the decision, <u>contact the DC Department of Human Services (DHS) ADA</u> <u>Coordinator</u> at 202-671-4422 phone, 202-671-0180 fax, 202-671-4495 TTY to file a complaint of disability discrimination or violation of disability rights.
- 2. <u>Mail a complaint to the Department of Justice</u>, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section-NYA, Washington, DC 20530.
- 3. <u>Call the D.C. Office of Human Rights</u> at 202-727-4557 phone 202-727-4559, 202-727-8673 TTY. They will interview you to investigate and process your complaint.
- 4. <u>File a lawsuit</u> in D.C. Superior Court or federal court. You may want to seek legal advice if you decide to file a lawsuit (see below). See below for free legal representation.

### How to Get Help Appealing or Filing a Complaint

To help you understand your rights and to represent you in appeals or complaints, free lawyers may be available from:

- The Washington Legal Clinic for the Homeless at (202) 328-5500
- Legal Aid Society of the District of Columbia at (202) 628-1161
- Bread for the City at (202) 265-2400 OR (202) 561-8587