



The Community Partnership for the Prevention of Homelessness Reasonable Accommodation Request Form

Please use this form to request a reasonable accommodation. If this request is for a STRUCTURAL ALTERATION, additional review prior to approval is required. This completed form and all supporting documentation are to be submitted electronically using the link below or by mail to The Community Partnership for the Prevention of Homelessness, Attn: ADA Coordinator, 801 Pennsylvania Avenue, SE, Suite 360, Washington, DC 20003. If there are any questions regarding this form or the reasonable accommodation process, please contact Candyce J. Coates by email at CCoates@community-partnership.org.

<https://app.smartsheet.com/b/form/7a91df3c256642a583293e22e9a5e522>

Client Information

Name of Client:	_____	Date of Request:	_____
Program Name:	_____	Address of Client:	_____
Phone Number of Client:	_____		_____
Name of Designee (if applicable):	_____	Phone Number of Designee:	_____

Accommodation Request

Please select the type of accommodation are you seeking?

- Service Animal Emotional Support Animal Dietary Accommodation Structural Alteration
 Program Rule Modification
 Facility/Residential Accommodation (select this for relocation requests)

Other: _____

Request Detail

Is this request related to a medical condition or doctor order? Yes No

If yes, this request must be accompanied by supporting documentation verifying the need of accommodation.

If this is a dietary accommodation, please select the type of meal requested. *(for program serving meals only)*

- Vegetarian Vegan Gluten Free Pork Free Low Sodium Diabetic

Is this request related to a medical condition or a doctor order? *(for programs serving meals only)* Yes No

If yes, this request must be accompanied by supporting documentation verifying the need of accommodation.

Is this dietary request due to religious beliefs? *(for program serving meals only)* Yes No

If yes, this request must be accompanied by a statement from the requestor in the space below regarding the need for accommodation due to religious beliefs.

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Statement of Need

In the space below, please describe the accommodation request you are seeking or outline your religious beliefs.

Acknowledgment

By signing below, I self-verify that I have, or someone in my household has, a disability or requires a religious exemption and needs the requested accommodation.

Client Signature

Date

TCP Use Only

Accommodation Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Approval:	_____
Accommodation forwarded for further consideration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Forwarded:	_____
Dietary Accommodations				
Meal Vendor:			<input type="checkbox"/> DC Central Kitchen	<input type="checkbox"/> Henry's Soul Food Café
Vendor Notified of Change:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date of Notification:	_____		Time of Notification:	_____

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:

1. Ask your Program Director to appeal the decision through the **program's internal grievance process**. Each grievance related to a reasonable accommodation request will be brought to the Community Partnership's attention for further review.
2. Within 60 days of the Reasonable Accommodation Decision, **contact the DC Department of Human Services (DHS) ADA Coordinator** 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, **call the DC Office of Administrative Hearings** (OAH), at 727-8280 or send in your request in writing to the Office of Administrative Hearings, 441 4th 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:

1. Within 60 days of the decision, **contact the DC Department of Human Services (DHS) ADA Coordinator** 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. **Mail a complaint to the Department of Justice**, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section-NYA, Washington, DC 20530.
3. **Call the D.C. Office of Human Rights** at 202-727-4557 phone 202-727-4559, 202-727-8673 TTY. They will interview you to investigate and process your complaint.
4. **File a lawsuit** 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*