SHA-1003 PL
Seattle Housing Authority
Revised (10/05)
Manual Ref. L17.1-1, Ex. 2
Manual Ref. L17.3-1 Ex. 1

Request for Accommodation For a Medical Condition, Disability or Handicap

Seattle Housing Authority

MUST BE Completed by Staff

Date Received: _____ By: _____

Date Reviewed: _____ Date Completed: _____ Outcome: _____

Head of Household _____ Phone _____

Address _____ Unit # _____ Zip Code _____

I, or a member of my household *(name)* _____ have a disability, handicap or medical condition which requires an accommodation or modification to eliminate barriers as described below:

Other Unit Features and Location

Unit Features: ____ one-level ____ ground level ____ separate bedroom ____ 1st floor bedroom and bath
Sensitivity: ____ noise ____ heights ____ smells/aromas ____ moisture / mildew / mold
Location: (state reason) _____

Assistive Care and Medical Services

Live-in-Aide Comments: _____
Service Animals: ____ seeing eye dog ____ hearing assistance animal ____ other _____
Other Services: ____ Kidney Dialysis ____ other medical equipment _____

Language Interpreter and/or Translation *(requests must be made by resident for each interpreter(SHA-952) and translation (SHA-966)*

Interpreters: ____ ASL ____ Tactile ____ Close Visual ____ other _____
Translation: ____ Braille 1 ____ Braille 2 ____ Braille 3 ____ large print ____ audio cassette

Describe specifically what is needed to accommodate you or your family: _____

(use additional sheet if necessary) ☐ Check here if additional sheet is attached.

I understand that the above information is true to the best of my knowledge and that depending on the request, SHA may be required to obtain verification by a physician or other health care professional. Therefore, I may be required to authorize the release of information from a physician or health care professional by signing the *SHA-967PL-Verification of Disability and Need for a Requested Accommodation* form.

Head of Household's Signature _____ Date _____

CONFIDENTIAL – Medical Information