

REASONABLE ACCOMMODATION REQUEST VERIFICATION

Oceanside Community Association
550 Vista Bella, Oceanside, CA 92057
Telephone 760.757.3937 FAX 760.757.8177

MEMBER'S NAME: _____

MEMBER'S ADDRESS: _____

The member named above has requested that Oceanside Community Association accommodate his/her disability by (state nature of accommodation request; be as specific as possible):

Under federal law, if an individual with disabilities requests a reasonable accommodation in rules, policies and practices due to that disability, we must consider the request. To do this, we must verify that the individual qualifies as disabled under Federal Law and requires the accommodation in order to have an equal opportunity to use and enjoy his/her home. A request may not impose an undue hardship or request a change in the fundamental nature of the Association, and there must be a nexus between the disability and the accommodation request.

In federal law the definition of a disability includes:

"...with respect to a person, a physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment; or being regarded as having such an impairment...

"...physical or mental impairment includes: (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs, cardiovascular, reproductive, digestive; genito-urinary; hemic and lymphatic; skin and endocrine or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

"...The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairment, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of controlled substance) and alcoholism.

We would appreciate your cooperation in answering the questions on this form and returning it to Oceanside Community Association at the address listed above. The member has consented to this release of information, as shown below.

1. Is the member named above disabled as defined under federal law? O Yes O No

2. In your professional opinion, does the member named above need the accommodation requested in order to have the same opportunity that a non-disabled individual has to use and enjoy the living quarters? O Yes O No

3. If you answered "yes" to question number 1, can the member's condition be otherwise treated to prevent any substantial limits in any of his/her major life activities?

4. If you answered "yes" to question number 1, is the disability:
O Temporary (indicate approximate duration: _____) O Permanent O Unknown

5. If you answered "yes" to question number 2, can you suggest any other accommodation that may be equally effective as the requested accommodation?

6. Would you be willing to testify in any court action or related proceeding as to the member's need for the reasonable accommodation? O Yes O No

7. If you answered "no" to question number 6, please explain the reason for your answer:

8. Are you available to discuss developing a plan of accommodation that balances the needs and rights of the Member and the Association? O Yes O No

As a medical/social services professional/health care provider, with knowledge necessary to make such a determination, I certify that _____

(name of individual)

qualifies as an individual with a disability as defined above. (Important: It is not necessary to reveal the specific nature or severity of the individual's disability.)

Print Name and Professional Title

Medical License # (Physician)

Signature

Date

Healthcare Provider Name, Address and Phone Number

MEMBER RELEASE

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require Oceanside Community Association to verify information that is up to five years old, which would be authorized by me on a separate consent. (ATTACHED TO THIS DOCUMENT IS A SEPARATE CONSENT FOR UP TO FIVE YEARS.)

Print Name

Date

Signature