



Oceanside Community Association
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 Email: office@ocaoffice.org

REASONABLE ACCOMMODATION REQUEST / VERIFICATION

Must be completed on the back and returned to the OCA Manager.
 Access is granted once the Manager verifies form is completed.

Certified-Needs Owner (*Print*) _____ Unit _____ House # _____

Email _____ Phone (_____) _____

ACCOMMODATION REQUEST:

____ Certified-needs owner’s animal allowed in HOA common areas.

____ Other (*Be as specific as possible.*) _____

RELEASE: I hereby authorize the Physician/Licensed Mental Health Care Professional to release the requested information. Information obtained under this consent is limited to information that is up to five years old.

Owner’s Signature _____ Date ____/____/____

OCA Member’s Handbook, Section X. Pet Rules B. Assistance Animals

1. A service dog is any canine that is trained to perform a disability-specific task for the person who has a medical, physical, psychiatric, or mental disability.
2. An emotional support animal (ESA) helps a personal with documented therapeutic need.
3. Both service dogs and emotional support animals require that the certified-need owner provide to HOA a Reasonable Accommodation Verification with contact information by a Physician or Licensed Health Care Professional (LHCP) stating the animal is needed as part of the owner’s ongoing treatment plan. Animal registrations, tags, licenses, or vests do not confer any legal rights on an animal or confirm the owner has a disability.
4. Common Area: The certified-needs owner should carry verification of filing a RA request. The owner is fully responsible for the behavior of the animal and must be in control at all times. While a certified-needs owner is in the pool or spa, an assistance animal may be kept in a carry crate or stroller if it is not leashed and under control of or another person.
5. Service and ESA animals may be permanently denied access to common area if the animal poses a direct threat to the health or safety of others or if the owner violates OCA pet rules. Any person who fraudulently represents as a service dog owner is subject to penalties under CA Penal Code 365.7.

OCA Use	Date Received ____/____/____
General Manager signature _____	

To be completed by a Physician/Licensed Mental Health Care Professional

For Certified-needs owner (Owner) Please print _____

NOTE: It is not necessary to reveal the specific nature or severity of the individual's disability.

Please answer the questions of this form and return it to the Oceanside Community Association Manager at the address listed. The Owner has consented to this release of information.

Yes No 1. Has the Owner above been under your care for at least thirty days?

Yes No 2. Is the Owner named above disabled under federal law?

Yes No 3. Does the Owner need the accommodation requested in order to have the same opportunity that a non-disabled individual has to use and enjoy the living situation?

Yes No 4. If you answered "yes" to question 1, can the Owner's condition be otherwise treated to prevent any substantial limits in any of his/her major life activities?

5. If you answered "yes" to question 1, is the disability () Permanent () Unknown
() Temporary (indicate approx. duration: _____)

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

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

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

As a Physician/Licensed Health Care Professional, with knowledge necessary to make such a determination, I certify that the certified-needs owner named above, qualifies as an individual with a disability.

_____ # _____
Print Name Professional Title License

Address _____ Email _____
_____ Phone (____) _____

Signature _____ Date ____/____/____