



Boston Housing Authority
52 Chauncy Street
Boston, Massachusetts 02111-02375

617-988-4000
TDD 1-800-545-1833 Ext. 420

EMPLOYEE/JOB APPLICANT REASONABLE ACCOMMODATION CERTIFICATION OF NEED

Employee Name: _____ Title: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

The above has applied for reasonable accommodation in her/his capacity as a Boston Housing Authority (BHA) employee/job applicant and is requesting that you fill out the following certification. Enclosed is a copy of the Request for Reasonable Accommodation with her/his signature for release of information.

THIS FORM MUST BE COMPLETED BY A QUALIFIED MEDICAL, REHABILITATION OR OTHER NON-MEDICAL SERVICE AGENCY PROFESSIONAL WHOSE FUNCTION IS TO PROVIDE SERVICES TO THE DISABLED.

1. Please indicate how current your knowledge is regarding this individual:

Within the last six months _____

Prior to the last six months _____

Other (please explain) _____

2. *Please check all that apply:*

In my opinion, the Employee/Job Applicant has a disability as defined below:

YES NO

A) ___ A physical or mental impairment that substantially limits one or more major life activities.

B) ___ A record of having such an impairment.

C) ___ Is regarded as having such an impairment.

If Yes, please continue with this form. If No, please sign on page three and return to the address on page three. Thank you.

Please be sure you have filled out all necessary pages of this form.



3. In my opinion, the Employee's/Job Applicant's disability requires that physical adaptations or modifications to the work space, including assistive technology and/or specialized equipment need to be made available so the Employee/Job Applicant can have equal access to employment:

YES NO

In my opinion, the following physical modifications to the work space are necessary for the Employee/Job Applicant to have equal opportunity to employment at the BHA (please indicate, if applicable and if you have such information, where any specialized equipment or assistive technology may be obtained):

4. In my opinion, the Employee's/Job Applicant's disability requires an accommodation or change to the rules, policies or procedures in order for the Employee/Job Applicant to have equal opportunity for employment at the BHA.

YES NO

Please describe the types of accommodations or changes in rules, policies or procedures that are necessary, as a direct result of the Employee's/Job Applicant's disability, for the Employee/Job Applicant to have equal opportunity to employment at the BHA:



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5. Please check one of the following:

I verify that, as a result of his/her disability, the enclosed request for changes to the work space, assistive technology and/or to a change in rules, policies and procedures are necessary for the above-named Employee's/Job Applicant's equal opportunity to employment at the BHA.

OR

I cannot verify that, as a result of his/her disability, the enclosed request for changes to the work space, assistive technology and/or to a change in rules, policies and procedures are necessary for the above-named Employee's/Job Applicant's equal opportunity to employment at the BHA.

Signature _____
Date

Name (Please print)

Title of medical or rehabilitation professional or expert

Agency or Institution, if applicable

Address

Phone _____
Fax

Please return form to:

**For BHA Employee: Office of Civil Rights, Boston Housing Authority
Telephone: 617-988-4383 Fax: 617-988-4313**

**For Job Applicant: Human Resources, Boston Housing Authority
Telephone: 617-988-4090 Fax: 617-988-4291**