

HELP FOR PEOPLE WITH DISABILITIES

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us?

For example:

- Does your condition make it hard for you to use public transportation?
- Do you need help to get to appointments?
- Does your condition make it hard for you to wait for long periods of time?
- Is it hard for you to read, understand or fill out forms?
- Do you need help because of a vision or hearing impairment?
- Do you need other help because of your condition?

If you do, we may be able to help you. This help is called a reasonable accommodation.

HOW TO ASK FOR A REASONABLE ACCOMMODATION



ASK: You can ask for help when you come to an HRA office or center



CALL: 212-331-4640

You can also write us or fill out the request on the other side of this form and give it to us by:



FAX: 212-331-4685



EMAIL: ConstituentAffairs@hra.nyc.gov



MAIL: HRA
Office of Constituent Services
150 Greenwich street, 35th Floor
New York, NY 10007

GET HELP WITH THIS FORM!

You can get help with this form or with your request.

CALL: 212-331-4640 or **VISIT:** your center or HRA office

Turn this page over to complete the Reasonable Accommodation Request Form.

HELP FOR PEOPLE WITH DISABILITIES REASONABLE ACCOMMODATION REQUEST FORM

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us? **If you do**, please fill out this form. **If you do not**, you don't need to fill out this form.

YOUR INFORMATION

Name: _____ Date: _____

Case Number: _____ Date of Birth: _____

Phone Number 1: _____ Phone Number 2 (if any): _____

Address: _____

WHY DO YOU NEED HELP?

Tell us how your condition makes it hard to access HRA benefits and services (*If you need more space to write, please attach pages*):

Choose WHAT help you might need because of your condition:

<input type="checkbox"/> Help for people who are blind or visually impaired <input type="checkbox"/> Making appointments when you can have someone come with you <input type="checkbox"/> No appointments during certain days and times <input type="checkbox"/> No appointments during rush hour <input type="checkbox"/> Shorter wait times <input type="checkbox"/> Transfer your case to center _____ <input type="checkbox"/> Other accommodations that you need to access services at HRA. <i>Explain:</i> _____ _____ _____	<input type="checkbox"/> Help for people who are deaf or hearing impaired <input type="checkbox"/> Sign language interpretation <input type="checkbox"/> No in-office appointments while you apply for Access-A-Ride <input type="checkbox"/> Help reading forms <input type="checkbox"/> Help completing forms <input type="checkbox"/> You need HRA to come to your home for appointments <input type="checkbox"/> Keep your case at your center _____
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How long do you think that you will need this help? _____

You do not need to give us proof of your condition now. We may ask you to give us some medical or clinical documents later.

To be completed by HRA worker if submitted at an HRA location (*Please give a copy to the client*):

Date Received: _____ Location: _____

Name of HRA worker (Print)

Signature