



Department for Children and Families  
Economic Services Division  
280 State Drive  
Waterbury, VT 05671-1020

Agency of Human Services  
Phone (800) 479-6151

## Reasonable Accommodation Request (Exemption from Shelter Requirement) – Temporary Emergency Housing –

Head of Household Name:	Date of Birth
Name of Household Member Requesting Accommodation ( <i>if different</i> ):	

### To Whom It May Concern:

The person named above has applied to the Economic Services Division (ESD) for help with temporary emergency housing. Applicants for emergency housing are not eligible if there is shelter space. Before providing an ESD benefit, ESD refers applicants to public shelters if appropriate shelter space is available. *This form is to be used for reasonable accommodation requests for applicants who cannot stay in a shelter due to a disability.*

You have received a request to complete this form on behalf of the above named applicant as the applicant has indicated that he/she or a minor child in the applicant's care is unable to reside in a public shelter due to a disability. Please complete this form to help us determine whether the applicant is unable to reside in a public shelter due to a disability.

### Important Information to Understand about Shelters

- Families are referred to family shelters to stay together
- Shelters are able to serve those with disabilities
- Most shelters have bathrooms/access to shower facilities
- Many shelters are able to provide access to:
  - refrigerator/kitchen
  - personal lockers
  - medication safe spaces
  - warm dry space during the day
- Substance use is not allowed in shelters
- Shelters must accept ADA service dogs (requests related to the need for assistance animals should be made directly to the shelter)
- Many shelters have specialized services (ex. accommodating PTSD)

Please complete the following. Please attach additional sheets if necessary. All questions must be answered for form to be complete.

1. Does the household member requesting accommodation have a disability, defined as a mental or physical impairment or medical condition, which limits a major life activity? Major life activities are those related to caring for oneself or performing manual tasks. Some examples of major life activities include walking, seeing, hearing, speaking, breathing, learning, and working. If yes, please explain the limitations (not the disability).  Yes  No

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2. What is the basis of your knowledge about this person's disability? (i.e. how do you know the person has a disability?)

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3. Based on the information provided about shelters and what you know about this person's disability, do you believe the person can be safely placed in a shelter? If No, please explain.  Yes  No

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4. Are there other accommodations that could be made to allow the household member requesting accommodation to stay in a shelter (such as arranging the sleeping space to allow for more privacy)? If yes, please explain.  Yes  No

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5. Does the person have a temporary disability?  Yes  No

- If yes, the disability is temporary, and no accommodations could be made to allow the household member requesting accommodation to stay in a shelter, what is the earliest date their condition could be expected to improve sufficiently to permit him or her to stay in a shelter (please state a specific date, or in days/weeks)?

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Printed name of person completing this form:  Relationship to household member requesting accommodation:	Phone number:  Name of medical practice/place of business (if applicable):
Signature of person completing this form	Date

**Vermont Department for Children and Families/Economic Services Division  
Reasonable Accommodation Request – Temporary Emergency Housing  
Authorization to Release Information**

Name of Household Member Requesting Accommodation:	Date of Birth
Name of Legal Representative (if applicable)	

**I, or my legal representative, authorize:**

(name and address of person or entity providing the information in this Reasonable Accommodation Request)

**to provide the information requested on this Reasonable Accommodation Request – Temporary Emergency Housing form, including, when applicable, drug and alcohol treatment records to:**

*Vermont DCF/ESD General Assistance Program, 280 State Street, Waterbury, VT, 05671*

**for the purpose of:** evaluating the reasonable accommodation request and eligibility for General Assistance temporary emergency housing benefits.

**I further authorize the DCF/ESD case worker to disclose the information contained on the Reasonable Accommodation Request form, as necessary, to:** one or more shelters

**for the purpose of:** determining whether the shelter can provide the requested accommodations.

**By signing this form, I understand:**

- The reason(s) I am being asked to release information.
- Signing this authorization is voluntary. If I choose not to sign, I can still apply for General Assistance benefits, but my request for a reasonable accommodation may be denied for lack of reliable and necessary information needed to evaluate the request.
- While the Vermont Department for Children and Families takes every precaution to protect my health information, once it is disclosed pursuant to this authorization, it may be subject to re-disclosure.
- My drug and alcohol treatment records are protected by Federal confidentiality rules (42 CFR Part 2) and cannot be disclosed or re-disclosed without my express written consent or as allowed by the regulation. A general authorization for the release of medical or other information is not sufficient for this purpose.
- I may revoke this authorization at any time by contacting the Benefits Service Center at 1-800-479-6151 except to the extent that it has been acted upon.
- If I do not revoke or update this authorization, it will be in effect as long as I am receiving General Assistance temporary emergency housing services.
- I will be given a copy of this form.
  - All items on this form and my questions about this form have been answered.

Signature of Household Member Requesting Accommodation or Legal Representative	Date
If not the household member requesting accommodation, print name and contact information of personal representative	Description of authority to sign on household member requesting accommodation's behalf