

## **DISABILITY HELP**

### **REASONABLE ACCOMMODATION REQUEST (RAR) FORM**

**Do you have a disability?**

**Do you need help to take part in HRA programs and services?**

**Find out How to Ask for a Reasonable Accommodation**

#### **What is a Reasonable Accommodation?**

HRA gives reasonable accommodations to people with disabilities so that they can use HRA's programs, benefits and services.

The exact reasonable accommodation you need will depend on the kind of help you need based on your disability.

Some examples of reasonable accommodations are:

- scheduling appointments so you don't have to travel during rush hour,
- priority appointments so you don't have to wait for long periods,
- being able to fax in paperwork to the Center instead of going in-person
- getting help reading forms and filling out HRA paperwork.

#### **How do you get a Reasonable Accommodation from HRA?**

You can ask for a Reasonable Accommodation from HRA at anytime from any caseworker. You can make a written or unwritten request.

We believe this form will help you get an accommodation, but you do not need to use it.

#### **How do I complete this form?**

Fill out the first part of this form: "Client Part"

Ask your doctor or health care provider to fill out the "Medical Provider Part" of the form. You can submit that part with the "Client Part," or within 20 days of submitting the "Client Part" of the form.

Anytime you submit forms to HRA, they should give you a receipt.

HRA should give you a written answer telling you if you are going to get the Reasonable Accommodation you asked for.

## Frequently Asked Questions: Page A

### **Is this form an HRA form?**

- No. This form is called Disability Help: Reasonable Accommodation Request Form. It is very similar to HRA Form HRA-102a: Reasonable Accommodation Request (RAR) Form.

You can use this form to request help because of a disability. This type of help is called a Reasonable Accommodation. HRA must accept this form.

### **What should I do if I don't understand this form or need help completing this form?**

- You can call HRA at **(212) 331-4640**. Explain to HRA that you need help making a reasonable accommodation request.

### **What should I do if I need help gathering medical documentation?**

- If your medical or mental health conditions make it difficult for you to gather medical documentation in support of your request, you can contact HRA at **(212) 331-4640** to ask for help.

### **Where should I send this form after I fill it out?**

- After completing this form please submit it to:

Human Resources Administration  
Office of Constituent Services (OCS)  
180 Water Street, 23rd Fl  
New York, NY 10038

You can also fax the form to **(212) 331-4685**.

You can also submit your request to your HRA caseworker.

### **I know that I need to fill out the client section of the form. Is there any other information I need to send to HRA?**

- Please ask your doctor or health care provider to complete and sign the Medical Provider Part of the form.

You can also give HRA signed medical documentation on the medical provider's letterhead.

## Frequently Asked Questions: Page B

### **After I submit my part of the form, how long do I have to submit the doctor part, or additional medical documentation?**

- You must submit the Medical Provider Part or any medical documentation (optional) supporting your request within **twenty (20) days** of the day you submit the “Client Part” of the form.

If you need more time to gather medical documentation, or if you need help gathering medical documentation, you can call HRA at **(212) 331-4640**.

### **What happens after I submit the form?**

- HRA should mail you a confirmation number to acknowledge receipt of your Disability Help: Reasonable Accommodation Request Form.
- HRA should send you a written decision on your Reasonable Accommodation Request.
- While HRA evaluates your request and makes a final determination, you can receive the reasonable accommodation requested. If HRA sends you a confirmation notice, you can call the phone number on the notice to ask if you will receive the accommodation while a final decision is being made.

### **What happens if HRA denies my request for reasonable accommodations?**

- If you are denied a reasonable accommodation or dissatisfied with an accommodation offered, you may file an appeal within **twenty (20) days** of the determination with the HRA ADA Compliance Officer. The determination form will provide you instructions for filing an appeal.

### **Who should I call if I have more questions or need more help from HRA?**

- You can call “311.” Don’t forget to get a confirmation number from the operator!
- You can contact HRA’s ADA Compliance Officer.

Lauren Friedland  
180 Water Street, 17th Floor, New York, N.Y. 10038  
Telephone: 212-331-5149; Fax: 212-331-4465  
E-mail: [FriedlandL@hra.nyc.gov](mailto:FriedlandL@hra.nyc.gov)

**What should I do if I don't get an answer from HRA?**

**What should I do if HRA does not help me or give me what I need?**

- You can call the **Legal Aid Society's Access to Benefits hotline** at **1-888-663-6880**. The hotline is open from Tuesday to Thursday from 10am-1pm. You should explain that you are calling about a Lovely H reasonable accommodation request.
  
- You can visit the **Project FAIR** help desk. Advocates at the Help Desk are trained to provide information about Fair Hearings, benefits and community services, and offer referral services. The Project FAIR Help Desk is located in the main waiting area at 14 Boerum Place, 1st Floor, Brooklyn, NY 11201.  
It is open from Monday – Friday from 12pm to 3pm.

# DISABILITY HELP

## REASONABLE ACCOMMODATION REQUEST (RAR) FORM

### Client Part: Page 1

**Name** (Please Print):

**HRA Case Number:**

**Date of Birth:**

**Social Security Number :**

**HRA Center Number:**

**Telephone Number:**

**Mailing Address:**

*You should give a copy of this completed form to your doctor or healthcare provider to explain the types of accommodations you are asking for. You should also give it to HRA so they know what you need.*

### **What kind of reasonable accommodation(s) do you need?**

Listed below are some examples of reasonable accommodations. You can check these boxes to show that you need that kind of a reasonable accommodation. There is also a place at the end for you to write more about the kind of reasonable accommodation you need. **CHECK ALL BOXES THAT YOU NEED**

<input type="checkbox"/>	<b>No rush-hour appointments</b>	I can't attend appointments during rush hour. It is difficult to travel on public transportation when it is crowded
<input type="checkbox"/>	<b>Schedule appointments when a family member or friend can come with me ("travel companion")</b>	I can't travel alone. Appointments must be scheduled when someone can come with me
<input type="checkbox"/>	<b>Limited Waiting Time ("Priority Queuing")</b>	I have trouble sitting and waiting for long periods of time. I need to be seen right away for appointments.
<input type="checkbox"/>	<b>Appointments by phone</b>	It is difficult for me to travel. I need to do my appointments over the phone whenever possible.

<input type="checkbox"/>	<b>Faxing / mailing in papers</b>	It is difficult for me to travel. Please let me fax or mail in papers instead of having to drop-off in person.
<input type="checkbox"/>	<b>Transfer me to a different center</b>	I need to be transferred to a center closer to my home. I can't travel to my current center.
<input type="checkbox"/>	<b>No appointments when I have my regular medical /therapy appointments</b>	<p>I have regular medical / therapy appointments that I go to on the day and time listed below – I can't attend appointments during that time.</p> <hr/> <p><i>(example: I can't go to appointments every Monday at 3pm because I have a therapy appointment during that time)</i></p>
<input type="checkbox"/>	<b>I have Problems Collecting or Completing Forms</b>	I need more time to return documents to HRA.
<input type="checkbox"/>	<b>Help reading and filling out forms</b>	I need help reading and filling out my papers
<input type="checkbox"/>	<b>Copies of notices sent to friend or family member</b>	I have someone who helps me with my papers. Please send him or her a copy of my papers.
<input type="checkbox"/>	<b>Appointment reminders.</b>	I want HRA to call me before every appointment. I need a worker to explain what the appointment is about.
<input type="checkbox"/>	<b>Contact for rescheduling due to medical reasons</b>	I need a contact person for rescheduling. If I'm sick, or I have a medical appointment, I need the name and phone number of a person I can call who will help me reschedule appointments.
<input type="checkbox"/>	<b>OTHER HELP:</b> I need this kind of reasonable accommodation:	<hr/> <hr/> <hr/> <hr/>



## DISABILITY HELP

### REASONABLE ACCOMMODATION REQUEST (RAR) FORM

#### Medical Provider Part: Instructions

Dear Healthcare Provider:

This form is not related to an application for disability benefits. I am asking the New York City Human Resources Administration (HRA) to help me with one or more reasonable accommodations. **These accommodations will help me access subsistence level benefits.**

When I attend an appointment, I am usually required to wait on a long line to check in, and then I need to sit for a long time to be seen. **If I leave early, if I am late, or I am not able to participate in the activity, HRA can close my case or reduce my benefits.**

I am giving you a copy of the reasonable accommodations I am asking HRA to grant me so that I can receive benefits. Please review that list and help me explain to HRA why these accommodations will help me keep my public assistance case open.

Please give this form back to me when it is completed so I can submit it to HRA.

Thank you for your help.



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### REASONABLE ACCOMMODATION REQUEST (RAR) FORM

#### Medical Provider Part: Page 2

4. Based on your patient's physical and/or mental health condition(s), what reasonable accommodation(s) does your patient need to access services?

*Some examples of reasonable accommodations are listed below. You can check off accommodations you think would be appropriate, or write a narrative below.*

Reasonable Accommodation Request Type	Definition of Reasonable Accommodation Type
<input type="checkbox"/> No rush-hour appointments	Patient can't attend appointments during rush hour. It is difficult to travel on public transportation when it is crowded
<input type="checkbox"/> Requires family/friend travel companion	Patient can't travel alone. Appointments must be scheduled when someone can come with him/her.
<input type="checkbox"/> Limited Waiting Time ("Priority Queuing")	Patient has trouble sitting and waiting for long periods of time. S/he needs to be seen right away for appointments.
<input type="checkbox"/> Telephone Appointments	It is difficult for this patient to travel. S/he needs to do appointments over the phone whenever possible.
<input type="checkbox"/> Faxing / mailing in papers	It is difficult for this patient to travel. Please let him/her fax or mail in papers instead of having to drop-off in person.
<input type="checkbox"/> Center Transfer	Patient needs to be transferred to a center closer to his/her home. S/he can't travel to the current center.
<input type="checkbox"/> Assistance completing and collecting Forms	Patient needs more time to return documents to HRA.
<input type="checkbox"/> Help reading and filling out forms	Patient needs help reading and filling out my papers
<input type="checkbox"/> Appointment reminders	Patient needs HRA to call before every appointment to explain what the appointment is about.
<input type="checkbox"/> Other	

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**Medical Provider Part: Page 3**

5. Please describe the relationship between the client's need for accommodations and client's medical and/or mental health conditions.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**License Number:** \_\_\_\_\_