

## 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 disability?
- 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:** 718-557-1399

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



**FAX:** 917-639-9241



**EMAIL:** [ConstituentAffairs@dss.nyc.gov](mailto:ConstituentAffairs@dss.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:** 718-557-1399 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:**

- Help for people who are blind or low vision  
*Explain:* \_\_\_\_\_
- Making appointments when you can have someone come with you
- No appointments during certain days and times
- No appointments during rush hour
- No in-office appointments while you apply for Access-A-Ride
- Shorter wait times
- Accommodations (other than above) that you need to access services at HRA. *Explain:*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Help for people who are deaf or hard of hearing  :
- American Sign Language (ASL) interpretation
  - Other forms of interpretation  
*Explain:* \_\_\_\_\_
  - Help reading forms
  - Help completing forms
  - You need HRA to come to your home for appointments
  - Transfer your case to center:  
 \_\_\_\_\_
  - Keep your case at your center:  
 \_\_\_\_\_

**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.**

<b>To be completed by HRA worker if submitted at an HRA location <i>(Please give a copy to the client)</i>:</b>	
Location	Date Received
Name of HRA worker (Print)	Signature
Center 90 Staff only: Homebound status was requested <input type="checkbox"/> Yes <input type="checkbox"/> No	