

# MH STRATEGIES FAMILY RAD REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

## Instructions to MH Strategies Family RAD Residents, Participants, and others who may use our services and are qualified disabled persons:

- If you would like to ask MH Strategies Family RAD Management for an accommodation to an existing rule, policy, practice, or service or for modification of a housing unit to help with a disability, please complete all parts of this Request Form. It will help MH Strategies Family RAD Management understand your request and respond to it appropriately. Please note that this form is not required to make a request for reasonable accommodation.
- This Request Form has four (4) pages. This is the first page. On the second and third page, it is important to answer all questions that are asked. Use extra sheets of paper if you need more space. The fourth page is an Authorization for Release of Information. It also is important that you fill out and sign this page. The Authorization for Release of Information asks you to list a health careprovider or other persons who can explain or verify your needs and will allow Royal American Management to discuss your request with these persons, if necessary.
- **WHEN YOU HAVE COMPLETED THIS REQUEST, GIVE PAGES 2, 3, AND 4 TO YOUR PROPERTY  
MANAGER AT 900 College Park, Suite 102 Memphis, TN 38126.** If you would like help with completing this form or in making your request, please contact the MH Strategies Family RAD Management Office at (901) 207-3454 or via email at [uptownaskew@royalamerican.com](mailto:uptownaskew@royalamerican.com)
- MH Strategies Management will make every effort to respond to your request **within ten  
(10) business days from receiving all necessary documentation to fully evaluate your request  
(including a medical verification from your provider)**. If you have any additional questions or concerns, you may contact the MH Strategies Family RAD Management Office at (901) 509-8571
- **PLEASE NOTE: If approved for a reasonable accommodation, you will be required to recertify your  
need for the accommodation at the time of your annual housing reexamination/recertification.**

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**WARNING – BE TRUTHFUL ON EVERY PAGE OF THIS FORM!** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to purposefully make false statements or misrepresentations to MH Strategies Management or the Memphis Housing Authority. Knowing false statements and misrepresentations is also grounds for Memphis Housing Authority to terminate the Requestor's housing benefits. The Department of Housing and Urban Development (HUD) also prohibits fraud in Section 8 (24 CFR 982.552(c)(4)).



**MH STRATEGIES FAMILY RAD**  
**REQUEST FOR REASONABLE ACCOMMODATION**

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must fill in the information requested, sign your name, and **return the completed form to the MH Strategies Family RAD Management Office at 900 College Park, Suite 102, Memphis Tn, 38126.** If would like assistance in completing this form, please contact the Royal Management Office at (901) 207-3454.

Today's Date: \_\_\_\_\_

Name of the person for whom  
the accommodation is being requested: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_  
(if different from above)

Head of Household  
Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please answer each of the following questions:**

1. I am asking for the following: (check all that apply)

- Change to a MH Strategies Family RAD House Rules, Policy, Practice or Service
- Physical Change to my Apartment
- Other \_\_\_\_\_

2. I have a disability that is:  temporary  permanent



3. Please state what you are asking MH Strategies Family RAD Management to change or provide because of your disability: (what is the specific accommodation or modification you are requesting):

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4. Please state why the above accommodation or modification is necessary (how does your disability relate to the accommodation or modification that you requested above): \_\_\_\_\_

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5. Please list any alternative accommodations or modifications (if any) that could suit your disability-related needs, if Management is unable to grant your requested accommodation/modification: \_\_\_\_\_

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6. If this request is for an additional bedroom for medical equipment, list each piece of equipment that is being stored inside the unit: \_\_\_\_\_

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If the reasonable accommodation request is for a live-in aide, the ***Live-in Aide Agreement*** must also be completed, signed by the Head of Household and the live-in aide, and submitted to MH Strategies Family RAD Management for verification and approval. **Management approval for a live-in aid must be granted prior to the live-in occupying the premises.**

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Requestor's Signature



**MH STRATEGIES FAMILY RAD**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_

*(print name of person with disability here; if person is a minor child, print parent's name)*  
have made a REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION to for accommodation of my disability. I give you permission to share any information with MH Strategies Family RAD Management that will help verify that I am disabled and explain why I need the accommodation/modification that I am seeking. I may withdraw this permission at any time. This Authorization does not authorize MH Strategies Family RAD Management to examine my medical records.

Name of Person to Provide Medical Verification: \_\_\_\_\_

Name of the Agency, Facility, or Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The verification information will be kept confidential and used only to evaluate the request for a disability-related reasonable accommodation.

Check here if Adult signed for Minor Child. \_\_\_\_\_  
Child's Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual with a Disability

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Telephone