

CHELSEA HOUSING AUTHORITY

54 Locke Street, Chelsea, MA 02150

CONSENT TO RELEASE INFORMATION - REASONABLE ACCOMMODATION

To Applicant or Tenant: Please complete and sign this form to allow the Chelsea Housing Authority to verify your disability-related need for the accommodation you requested. Please make sure the information about who is to give and receive the information is clearly filled in before you sign it.

I GIVE PERMISSION TO GIVE INFORMATION TO:

Name: Diane Cohen

Title: Reasonable Accommodation Coordinator

Address: Chelsea Housing Authority, 54 Locke Street, Chelsea, MA 02150

Phone: (617) 409-5312

Email: dcohen@chelseaha.com

I GIVE PERMISSION TO GIVE INFORMATION FROM:

Name: _____ Job Title: _____

Service or Medical Organization: _____

Address: _____

Phone _____ Email: _____

THE INFORMATION WILL BE REGARDING:

Tenant/Applicant Name: _____

Address: _____

Phone _____

I hereby authorize the service or healthcare provider named above to contact the housing staff listed above or housing provider listed above to contact the service provider listed above to verify disability status, need for the requested accommodation described below and the connection between the two. I understand that this information will be kept confidential and used only to make a decision about my reasonable accommodation request. I understand I may change my mind and notify the housing and service provider that I no longer give permission to discuss my request.

Signed: _____

Date: _____

(Adult resident with disability or Guardian)



EQUAL HOUSING
OPPORTUNITY

The Chelsea Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, veteran status, public assistance, genetic information, gender identity, disability, or any other class protected by state or local law, in the access to its programs for employment, or in its activities, functions or services.