

Exhibit 3

Reasonable Accommodation Request Receipt

Date:

Facility:

Case Number:

Client:

RA Name:

Select...



RA Type:

Provisional Grant

Description:

Select...



Documentation Requested? Yes No

You must submit documentation from a clinical provider like a doctor or nurse who knows your health issues within 10 calendar days, or by _____.

The note must be on professional letterhead and clearly state how you would benefit from staying in a single or double room during the COVID-19 pandemic.

Provisional grant: This means that DHS will try to assign you to a single or double room as indicated above due to COVID from the date of your request, pending RA review, if such rooms are available. If you do not submit any documents for this request by the date above and DHS cannot review this request, you may lose your provisional placement.

DHS may request more information related to this request. DHS will try to fulfill this request while it is under review.

If your RA request is **approved**, you will remain in a single or double room for the duration of the COVID-19 pandemic, based on available units.

If your RA request is **denied**, you can appeal the decision. DHS will still request documents related to the request.

A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at DHS. **If this is true for you, we can help you.** Please ask shelter staff for help. You have a right to ask for this kind of help under the law.