A Disability Accommodation Request is used to place a household in the CEA queue that was unable to participate in the HMIS Client Consent Form and the CEA Housing Triage Tool due to a disability. This accommodation should be used sparingly and must include evidence that at least three documented attempts have been made to complete the triage tool with the household. Please fill out this form entirely.

Please refer to the CEA Operations Manual for steps on how to complete and flag the assessment in HMIS.

***Once completed, please either securely email the form to*** [***cea@kingcounty.gov***](mailto:cea@kingcounty.gov) ***, or fax it to (206) 205-6565.***

|  |  |
| --- | --- |
| Date: |  |
| Person Completing Assessment/Agency |  |
| Client Unique Identifier/ Name: |  |

|  |  |
| --- | --- |
| Questions | Staff Responses |
| How many attempts have been made to offer this individual an assessment for CEA? When did these attempts occur? |  |
| What are the barriers or disabilities this individual is experiencing? |  |
| Why does the individual need this accommodation? |  |
| Did the assessor enter the assessment in HMIS including knowledge of the household’s circumstances for each question on the assessment that wasn’t completed? |  |
| What date was the assessment entered into HMIS? |  |

*I certify that the information I have provided is accurate to the best of my knowledge.*

|  |  |
| --- | --- |
| Agency Contact Signature | Date |
| Print Name | Position Title |
| Phone Number | Email |