

The HIGHLANDS, INC.

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REASONABLE ACCOMMODATION/MODIFICATION REQUEST

A resident has requested to have an assistance animal reside with them. As their Physician, please complete this form as documentation of the need for an assistance animal.

Date of Verification Request: _____

Residents' Name: _____

Description of Request: _____

Description of the Connection between the Request and the disability: _____

Is there a certain size animal required to help the disability? _____

If the resident is requesting that a large animal be used as an assistance animal, could a smaller animal benefit the resident in the same way? _____

Residents' Signature: _____ Date: _____

Physician Completing Form: _____ Date: _____

FOR OFFICE USE ONLY:

Assistance Animal Approved By: _____ Date: _____

Description of the policy change that was permitted: _____

Modifications to the premises the Board will permit the resident to make at the residents' expense (ARC form still needs to be completed for color/height approval) : _____

Assistance Animal Denied By: _____ Date: _____

Reason for denial: _____

Alternatives given to the resident to comply with request and need: _____

Accepted by Resident: _____ Date: _____

Rejected by Resident: _____ Date: _____