

Orange County Housing Authority

1501 E. St. Andrew Place • Santa Ana, CA 92705
(714) 480-2700 • California Relay Service (800) 735-2929
<http://www.ochousing.org>

Authorization for Release of Information for Reasonable Accommodation Request

Please fill out this page, sign below, and give this form to Orange County Housing Authority (OCHA) to send to the health care professional you have identified.

Name of Health Care Professional _____

Title _____ Company/Agency: _____

Address _____

Phone _____ Fax _____

Head of Household Name _____ Tenant ID _____

Person requesting accommodation:

Name: _____ Date of Birth: _____

Request for (*check all that apply*)

- live-in aide
- extra bedroom
- voucher on hold
- voucher extension
- absence from unit for medical reason

Release:

I, _____, hereby authorize my health care professional to release the requested information to OCHA.

Signature _____ Date _____