

From: "John E. Colby" <colby@docktorcat.com>
Subject: **Outstanding immediate disability accommodation requests and representation/advocacy certificates**



Date: June 20, 2012 11:35:08 PM PDT

To: "Monica Martinez, M.P.A." <mmartinez@scshelter.org>

Cc: Megan Carlson <mcarlson@scshelter.org>, Don Lane <dlane@cityofsantacruz.com>, citycouncil@cityofsantacruz.com, John Barisone <JBarisone@abc-law.com>, Martín Bernal <mbernal@cityofsantacruz.com>, Carol Berg <cberg@cityofsantacruz.com>, "Maria F. Cremer" <Maria.F.Cremer@hud.gov>, "Kimberly Y. Nash" <kimberly.y.nash@hud.gov>, Nancy DeSerpa <Nancy.deSerpa@mail.house.gov>, Adam Spickler <Adam.Spickler@asm.ca.gov>, Michael Collier <mcollier@sfchronicle.com>, Amy Chance <achance@sacbee.com>, David Butler <dbutler@mercurynews.com>, Gretchen White <white@kpix.cbs.com>, 4listens@kron4.com, assignmentdesk@kqed.org, contact@pacificafairhousing.org, Greg Archer <garcher@gtweekly.com>, "James R. Grow" <jgrow@nhlp.org>, Katie Sullivan <nfha@nationalfairhousing.org>

▶ 11 Attachments, 3.1 MB

June 20, 2012

Monica Martinez, M.P.A.
Executive Director
Homeless Services Center
115 Coral Street
Santa Cruz, CA 95060
Tel: 831.458.6060 ext. 2103

via email to: mmartinez@scshelter.org

cc: mcarlson@scshelter.org

cc: dlane@cityofsantacruz.com

cc: citycouncil@cityofsantacruz.com

cc: JBarisone@abc-law.com

cc: mbernal@cityofsantacruz.com

cc: cberg@cityofsantacruz.com

cc: Maria.F.Cremer@hud.gov

cc: kimberly.y.nash@hud.gov

cc: Nancy.deSerpa@mail.house.gov

cc: Adam.Spickler@asm.ca.gov

cc: mcollier@sfchronicle.com

cc: achance@sacbee.com

cc: dbutler@mercurynews.com

cc: white@kpix.cbs.com

cc: 4listens@kron4.com
cc: assignmentdesk@kqed.org
cc: contact@pacifica.org
cc: garcher@gtweekly.com
cc: jgrow@nhlp.org
cc: Katie Sullivan c/o nfha@nationalfairhousing.org

re: Outstanding immediate disability accommodation requests and representation/advocacy certificates

Dear Ms. Martinez:

Attached are all the outstanding disability accommodation requests and representation/advocacy authorization certificates which you have ignored. Please add Mr. Stan Willis's immediate disability accommodation request — he is dying from colon cancer — to the pending immediate disability accommodation requests awaiting your response. Please add Ms. Mia Angela Dellarosa's certificate to the pending authorization certificates I have faxed/emailed to you.

Sincerely yours,
John E. Colby, Ph.D.

email: colby@docktorcat.com
telephone: 831.471.9767
cellphone: 831.419.1521
fax: 831.218.4121

postal address:
849 Almar Avenue, Suite C-242
Santa Cruz, CA 95060

Certification of John E. Colby, Ph.D., to represent me

I hereby authorize, John E. Colby, Ph.D., to represent and advocate for me in matters concerning my health, medical, housing, transportation and any related matters which he determines to be necessary for my health and well-being.

I authorize him to act as he finds necessary and to

...authorized him to act as he finds necessary, and to communicate with whomever he finds necessary, on my behalf.

Signed: Megan A. Morgan

Printed: MEGAN ANDREA MORGAN

Dated: 6-5-12

Certification of John E. Colby, Ph.D., to represent me

I hereby authorize, John E. Colby, Ph.D., to represent and advocate for me in matters concerning my health, medical, housing, transportation and any related matters which he

determines to be necessary for my health and well-being.

I authorize him to act as he finds necessary, and to communicate with whomever he finds necessary, on my behalf.

Signed: Ron Skinner

Printed: RON SKINNER

Dated: 6/5/2012

Certification of John E. Colby, Ph.D., to represent me

I hereby authorize, John E. Colby, Ph.D., to represent and advocate for me in matters concerning my health, medical,

housing, transportation and any related matters which he determines to be necessary for my health and well-being.

I authorize him to act as he finds necessary, and to communicate with whomever he finds necessary, on my behalf.

Signed: 

Printed: Steven I. Lazow

Dated: 06-09-2012

Telephone: 

Certification of John E. Colby, Ph.D., to represent me

I hereby authorize John E. Colby, Ph.D., to represent and

I hereby authorize, JOHN E. COLBY, PH.D., to represent and advocate for me in matters concerning my health, medical, housing, transportation and any related matters which he determines to be necessary for my health and well-being.

I authorize him to act as he finds necessary, and to communicate with whomever he finds necessary, on my behalf.

Signed: Mia Dellaposa

Printed: MIA ANGELA DELLAROSA

Dated: 06 | 17 | 12

Telephone: (831) 431-7165

Steve Lazow
849 Almar Avenue, Suite C-242
Santa Cruz, CA 95060
703.667.0000

T 831.297.2937
F 831.218.4121

June 12, 2012

Monica Martinez
Executive Director
Homeless Services Center
115 Coral Street
Santa Cruz, CA 95060
TRANSMITTED VIA EMAIL AND FACSIMILE TO: 831.316.5010

re: ADA disability accommodation request for John. E. Colby to be my representative

Dear Ms. Martinez:

I am writing to make a ^{immediate} disability accommodation request under the American with Disabilities Act (ADA). In order to allow me to benefit equally as a disabled person from the Homeless Services Center's programs and services, I request this ADA disability accommodation.

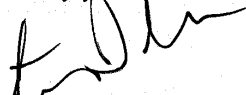
Specifically, I ask you to waive your requirement that I receive a court ordered request for John E. Colby, Ph.D., to serve as my representative and advocate with regard to the Homeless Services Center. Instead, I ask you to accept the certificate I signed which will be emailed and faxed to you, authorizing him to become my representative and advocate with regard to the Homeless Services Center's programs, activities, services and its staff and agents.

Because of my disabilities I have difficulty articulating and expressing myself: I need someone to translate my needs, conditions, and desires to Homeless Services Center staff. I need someone to serve as a translator for me.

The Homeless Services Center should already have documentation of my disabilities. If you require any more information or documentation from me please contact me in writing at the postal address or fax number listed above.

I appreciate your prompt consideration of this request. Please respond in writing to the postal address listed or fax number listed above. Thank you for considering my legal rights under the ADA in a timely fashion.

Sincerely yours,


Steve Lazow

Steve Lazow

849 Almar Avenue, Suite C-242
Santa Cruz, CA 95060
T 831.295.0176
F 831.218.4121

June 12, 2012

Monica Martinez
Executive Director
Homeless Services Center
115 Coral Street
Santa Cruz, CA 95060
TRANSMITTED VIA EMAIL AND FACSIMILE TO: 831.316.5010

re: ADA disability accommodation request for assistance with taking showers

Dear Ms. Martinez:

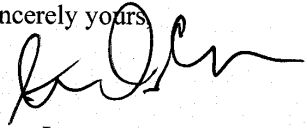
immediate
I am writing to make a disability accommodation request under the American with Disabilities Act (ADA). In order to allow me to benefit equally as a disabled person from the Homeless Services Center's programs, activities and services, I request this ADA disability accommodation.

Specifically, I ask you to allow the person of my choice to assist me in taking showers at the Homeless Services Center campus.

Because of my physical disability — I am confined to a wheelchair and do not have use of my legs — I need someone to assist me in taking showers. Under the ADA, I have the right to choose who assists me, whether they be male or female. I am not asking for this so that I can have sexual relations with females in the showers at The Homeless Services Center campus — I want to be able to choose who assists me, a right guaranteed me under the ADA. I believe the Homeless Services Center already has documentation of my disabilities. If you require any more information or documentation from me please contact me in writing at the postal address or fax number listed above.

I appreciate your prompt consideration of this request. Please respond in writing to the postal address listed or fax number listed above. Thank you for considering my legal rights under the ADA in a timely fashion.

Sincerely yours,



Steve Lazow

Steve Lazow
849 Almar Avenue, Suite C-242
Santa Cruz, CA 95060
T 831.295.0176
F 831.218.4121

June 18, 2012

Monica Martinez
Executive Director
Homeless Services Center
115 Coral Street
Santa Cruz, CA 95060
TRANSMITTED VIA EMAIL AND FACSIMILE TO: 831.316.5010

re: ADA/FHA/Section 504 disability accommodation request for representation

Dear Ms. Martinez:

I am writing to make an immediate disability accommodation request under the American with Disabilities Act (ADA), Section 504 (of the Rehabilitation Act of 1973) and the federal Fair Housing Act (FHA). In order to allow me to benefit equally and enjoy equal access to the programs, services and activities — as a disabled person — of the Homeless Services Center (HSC), I am requesting this ADA, FHA and Section 504 disability accommodation.

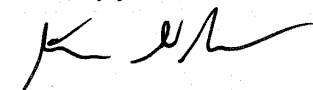
Specifically, I ask you to waive your requirement that I receive a court ordered request for John E. Colby, Ph.D., to serve as my representative and advocate with regard to the HSC. Instead I ask you to accept the certificate I signed — it will be resent — authorizing Mr. Colby to become my representative and advocate with regard to the HSC's programs, activities, services and its staff and agents.

Because of my disability — I suffer from Multiple Sclerosis for which I take dulling pain medications; I am bound to a wheelchair — I need someone to translate my needs, conditions, and desires to HSC staff. I need someone to serve as a translator for me.

The HSC should have documentation of my disability. If you require more information or documentation from me please contact me in writing at the postal address or fax number listed above.

I appreciate your prompt consideration of this immediate request. Please respond in writing to the postal address or fax number listed above. Thank you for considering my legal rights under the ADA, the FHA and Section 504 in a timely fashion.

Sincerely yours,



Steve Lazow

Ron Skinner
849 Almar Avenue, Suite C-242
Santa Cruz, CA 95060
T 831.297.2937
F 831.218.4121
251.0052

June 12, 2012

Monica Martinez
Executive Director
Homeless Services Center
115 Coral Street
Santa Cruz, CA 95060

TRANSMITTED VIA EMAIL AND FACSIMILE TO: 831.316.5010

re: ADA disability accommodation request for John. E. Colby to be my representative

Dear Ms. Martinez:

immediate
I am writing to make a disability accommodation request under the American with Disabilities Act (ADA). In order to allow me to benefit equally as a disabled person from the Homeless Services Center's programs and services, I request this ADA disability accommodation.

Specifically, I ask you to waive your requirement that I receive a court ordered request for John E. Colby, Ph.D., to serve as my representative and advocate with regard to the Homeless Services Center. Instead, I ask you to accept the certificate I signed, which he faxed and emailed to your organization, which can be resent, authorizing him to become my representative and advocate with regard to the Homeless Services Center's programs, activities and its staff and agents.

Because of my emotional and physical disabilities I have difficulty articulating and expressing myself: I need someone to translate my needs, conditions, and desires to Homeless Services Center staff. I need someone to serve as a translator for me.

The Homeless Services Center should already have documentation of my disabilities. If you require any more information or documentation from me please contact me in writing at the postal address or fax number listed above.

I appreciate your prompt consideration of this request. Please respond in writing to the postal address listed or fax number listed above. Thank you for considering my legal rights under the ADA in a timely fashion.

Sincerely yours,



Ron Skinner

Megan Andrea Morgan
849 Almar Avenue, Suite C-242
Santa Cruz, CA 95060
T 831.297.2937
F 831.218.4121

June 14, 2012

Monica Martinez
Executive Director
Homeless Services Center
115 Coral Street
Santa Cruz, CA 95060

TRANSMITTED VIA EMAIL AND FACSIMILE TO: 831.316.5010

re: ADA/FHA disability accommodation request for John. E. Colby to be representative

Dear Ms. Martinez:

I am writing to make an immediate disability accommodation request under the American with Disabilities Act (ADA) and the federal Fair Housing Act (FHA). In order to allow me to benefit equally as a disabled person from the Homeless Services Center's programs and services, I request this ADA/FHA disability accommodation.

Specifically, I ask you to waive your requirement that I receive a court ordered request for John E. Colby, Ph.D., to serve as my representative and advocate with regard to the Homeless Services Center. Instead, I ask you to accept the certificate I signed, which he faxed and emailed to your organization — which can be resent — authorizing him to become my representative and advocate with regard to the Homeless Services Center's programs, activities, services and its staff and agents.

Because of my emotional and physical disabilities — I suffer with constant fatigue and pain, as well as having difficulty articulating and expressing myself — I need someone to translate my needs, conditions, and desires to Homeless Services Center staff. I need someone to serve as a translator for me.

The Homeless Services Center should have documentation of my disabilities. If you require any more information or documentation from me please contact me in writing at the postal address or fax number listed above.

I appreciate your prompt consideration of this immediate request. Please respond in writing to the postal address or fax number listed above. Thank you for considering my legal rights under the ADA/FHA in a timely fashion.

Sincerely yours,

Megan A. Morgan

Megan Andrea Morgan



[ADA FHA Se....pdf \(678 KB\)](#)

Stan Willis
849 Almar Avenue, Suite C-242
Santa Cruz, CA 95060
F 831.218.4121

June 14, 2012

Monica Martinez
Executive Director
Homeless Services Center
115 Coral Street
Santa Cruz, CA 95060
TRANSMITTED VIA EMAIL AND FACSIMILE TO: 831.316.5010

re: ADA/FHA disability accommodation request for John. E. Colby to be representative

Dear Ms. Martinez:

I am writing to make an immediate disability accommodation request under the American with Disabilities Act (ADA) and the federal Fair Housing Act (FHA). In order to allow me to benefit equally as a disabled person from the Homeless Services Center's programs and services, I request this ADA/FHA disability accommodation.

Specifically, I ask you to waive your requirement that I receive a court ordered request for John E. Colby, Ph.D., to serve as my representative and advocate with regard to the Homeless Services Center. Instead, I ask you to accept the certificate which I will sign, that will be emailed and faxed to you, authorizing him to become my representative and advocate with regard to the Homeless Services Center's programs, activities, services and its staff and agents.

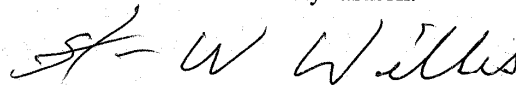
Because of my disabilities — my medical conditions cause me a great deal of pain and physical/emotional distress — I have difficulty articulating and expressing myself. I need

physical/emotional distress — I have difficulty articulating and expressing myself; I need someone to translate my needs, conditions, and desires to Homeless Services Center staff. I need someone to serve as a translator for me.

The Homeless Services Center should already have documentation of my disabilities. If you require any more information or documentation from me please contact me in writing at the postal address or fax number listed above.

I appreciate your prompt consideration of this immediate request. Please respond in writing to the postal address listed or fax number listed above. Thank you for considering my legal rights under the ADA and the FHA in a timely fashion.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Stan Willis".

Stan Willis