

APPENDIX G

REASONABLE ACCOMMODATIONS

Verification of a Request for Accommodation

All requests for accommodation or modification of a unit will be verified with a reliable, knowledgeable professional.

Requests for reasonable accommodation from persons with disabilities will be granted upon verification that they meet the need presented by the disability.

MHA may require verification from a knowledgeable professional when a request for a home visit recertification is submitted.

Reasonable Accommodation

Reasonable accommodation will be made for persons with a disability who require an advocate or accessible offices. A designee will be allowed to provide some information, but only with the permission of the person with the disability.

All PHA mailings will be made available in an accessible format upon request, as a reasonable accommodation.

Application Process

For purposes of this section, the MHA will make the following types of accommodations to persons with disabilities to facilitate the application process:

- Permitting the submission of applications or certification forms via mail.
- Permitting an authorized designee to participate in the application or certification process.

Recertification by Mail

MHA will permit the family to submit annual and interim recertification forms through the mail when MHA has determined that the request is necessary as a reasonable accommodation.

The mail-in packet will include notice to the family of MHA's deadline for returning the completed forms to MHA.

If there is more than one adult member in the household, but only one is disabled, recertifications will not be processed through the mail. In such cases, the able adult family members will come in for the appointment and then take the necessary forms home to the member with a disability for completion and signature.

Home Visits

When requested and where the need for reasonable accommodation has been established, MHA will conduct home visits to residents to conduct annual and interim recertifications.

Requests for home visit recertifications must be received by MHA at least 7 business days before the scheduled appointment date in order for the request to be considered.

MHA will not consider home visit recertifications that are requested after the scheduled appointment has been missed.

Other Accommodations

MHA utilizes organizations that provide assistance for hearing- and sight-impaired persons when needed.

Families will be offered an accessible unit, upon request by the family, when an accessible unit is available.

MHA will refer families who have persons with disabilities to agencies in the community that offer services to persons with disabilities.

Translation of Documents

In determining whether it is feasible to translate documents into other languages, MHA will consider the following factors:

- Estimated cost to MHA per client of translation of English written documents into the other language.
- The availability of local organizations to provide translation services to non- English speaking families.

Language Assistance

MHA will refer persons with literacy barriers to appropriate community literacy programs for assistance with the completion of the application and certification process.

Moline Housing Authority Reasonable Accommodations Policy and Procedures

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**MOLINE HOUSING AUTHORITY
REASONABLE ACCOMMODATIONS POLICY
& PROCEDURES IN PUBLIC HOUSING**

INTRODUCTION

This Reasonable Accommodation Policy and Procedure comprised of Part A and Part B sets forth the policy and procedures of the Moline Housing Authority in connection with making reasonable accommodations for qualified applicants or residents with disabilities for participation in MHA public housing programs and activities. A copy of this policy and procedures is posted in the main office of the MHA located in Spring Brook Courts, and in the offices located at each MHA development. Additionally, a copy of the Reasonable Accommodation Policy and Implementation Procedures may be obtained upon verbal or written request at the Moline Housing Authority main office.

PART A. POLICY

SECTION 1. Definitions

- a. The term “ADA”: shall mean the Americans with Disabilities Act.
- b. The term “FHA” shall mean the Fair Housing Act of 1968.

The term “MHA” shall mean the Moline Housing Authority.

The phrase “individuals with disabilities” shall have the same meaning as the term “individuals with handicaps” under 24 CFR 8.3 as follows:

24 CFR 8.3 Definitions:

“Individuals with handicaps” means any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

The term “Policy” shall mean Part A of the Reasonable Accommodation Policy and Procedure, as adopted by the Board of Commissioners of the Moline Housing Authority.

- c. The term “Procedures” shall mean Part B of the Reasonable Accommodations Policy Procedure, as may be revised and amended from time to time.
- d. The term “reasonable accommodation” means a modification or change in MHA Rules, policies, practices, or services that will provide the opportunity to participate in MHA programs and services and to meet essential requirements of the tenancy to an otherwise eligible individual with a disability.

SECTION 2. Policy Statement

MHA is committed to ensuring that its policies and practices do not deny individuals with disabilities the opportunity to participate in, or benefit from, not otherwise discriminate against individuals with disabilities in connection with, the operation of MHA housing services or programs, solely on the basis of such disabilities. Therefore, if an individual with a disability requires an accommodation, such as an accessible feature or modification to MHA policy, MHA will provide such accommodation, unless doing so would result in a fundamental alteration in the nature of the program or an undue financial or administrative burden. In such a case, MHA will make another accommodation that would not result in a financial or administrative burden.

SECTION 3. Purpose

This policy is intended to:

- communicate MHA's position regarding reasonable accommodations for persons with disabilities in connection with the agency's housing program services and policies;
- establish a procedural guide for implementing such policy; and
- comply with applicable federal, state and local laws to ensure accessibility for persons with disabilities to housing programs, benefits and services administered by MHA.

SECTION 4. Authority

The requirements of this policy are based upon the following statutes or regulations:

- Section 504 of the Rehabilitation Act of 1973, as amended (Section 504) prohibits discrimination on the basis of disability status and state that:
- "No qualified individual with handicaps shall, solely on the basis of handicap be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance from the Department."
- The Fair Housing Act (FHA) prohibits discrimination in the sale, rental and financing of dwellings. The FHA requires reasonable accommodations in rules, policies, practices, services and reasonable modifications to dwelling units and public common areas;
- Title II of the Americans with Disabilities Act (ADA), prohibits discrimination on the basis of disability status by public entities. Except as provided in 35.102 (b), of the 28 CFR Part 35, the ADA applies to all services, programs and activities provided or made available by public entities (State and Local Governments); and
- Part 8, of the Code of Federal Regulations, Title 24, Housing and Urban Development, entitled Non-Discrimination Based on Handicap in Federally Assisted Programs and Activities of the Department of Housing and Urban Development applies to recipients of federal funds and implements the requirements of the Rehabilitation Act.

SECTION 5. Monitoring and Enforcement

The Chicago Housing and Urban Development Fair Housing and Equal Opportunity Office (FH&EO Office) is responsible for monitoring MHA compliance with, and enforcing the requirements under this policy. Questions regarding this policy, its interpretation or implementation should be made by contacting that office in writing, or in person by appointment, at 77 W. Jackson Blvd., Chicago, IL 60604, or by calling the field office at 312-355-1915. The FH&EO Office may require the submission of data from the MHA public housing developments in order to evaluate and document MHA compliance with this policy.

SECTION 6. General Principles For Providing Reasonable Accommodations

Listed below are general principles which provide a foundation for the policy and which MHA staff should apply when responding to requests for reasonable accommodations within all MHA housing programs:

- 6.1 It is presumed that the individual with a disability is usually knowledgeable of the appropriate types of, and methods of providing, reasonable accommodations needed when making a request. However, MHA reserves the right to investigate and offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation.
- 6.2 The procedure for evaluation and responding to requests for reasonable accommodation relies on a cooperative relationship between MHA and the applicant/tenant. The process is not adversarial.
- 6.3 MHA shall inform all applicants and tenants of alternative forms of communication. The request form is designed to assist MHA and our applicants/tenants. If an applicant/tenant does not, or cannot use the request form, MHA will still respond to the request for an accommodation. The applicant/tenant may also request assistance with the request form or such applicant/tenant may request that the form be provided in an equally effective format or means of communication.
- 6.4 If the accommodation is reasonable (see Procedure 3 below), MHA will grant it.
- 6.5 In accordance with Procedure 3, MHA will grant the request for a reasonable accommodation only to the extent that an undue financial and administrative burden is not created thereby.
- 6.6 All written documents required by or as a result of this policy must contain plain language and be in appropriate alternative formats in order to communicate information and decisions to the person requesting the accommodation.
- 6.7 Any required meetings with a person with a disability will be held in an accessible location.

SECTION 7. Amendment

- 7.1 Policy. The policy may be amended only by resolution of the Board of Commissioners of the Moline Housing Authority.

7.2 Procedures. The procedures may be amended within the scope of the Policy by the Executive Director of the Moline Housing Authority.

7.3 Legal Compliance. Any amendment to the Policy or Procedures shall be consistent with all applicable laws and regulations.

SECTION 8. Staff Training

The Executive Director of the Moline Housing Authority will direct appropriate staff to ensure that training sessions are held concerning the Policy and Procedures and all applicable Federal, State and local requirements regarding reasonable accommodations.

PART B. Procedures

Procedure #1 – Communication With Applicants And Tenants

- 1) At the time of application, all applicants must be provided with the request for Reasonable Accommodation form, a copy of which is affixed hereto as attachment 1, or, upon request, the form must be provided in an equally effective format.
- 2) MHA tenants seeking accommodations may contact staff in the main office located in Spring Brook Courts or the HUD Chicago office directly to request the accommodation.
- 3) MHA is responsible for informing all tenants that a request may be submitted for reasonable accommodations for an individual with a disability. All tenants will be provided the request form when requesting a reasonable accommodation. However, a tenant may submit the request in writing, orally, or use another equally effective means of communication to request the accommodation. Upon receiving the request, MHA and/or the FH&EO Office will respond to the request within (30) thirty business days. If additional information or documentation is required, a written request should be issued to the Physician/Diagnostician by using the Request for Information or Verification Form, a copy of which is affixed hereto as attachment 2. A submission date should be specified in the Request for Information so as not to delay MHA's review of the request.
- 4) MHA will maintain written materials, at their public housing sites, which summarizes this policy and highlights the procedures for making a request for reasonable accommodations.

Procedure #2 – Sequence For Making Decisions

1. Is the applicant/tenant a qualified "individual with a disability"?
 - a. If NO, we are not obligated to make a reasonable accommodation; therefore, we may deny the request.
 - b. If YES, go to step 2.
 - c. If more information is needed, either write for more information using the standard ***Request for Information or Verification*** letter, or request a meeting with the Tenant, a copy of which is affixed hereto as attachment 2.
2. Is the requested accommodation related to the disability?

- a. If NO, we are not obligated to make the accommodation; therefore, we may deny the request.
 - b. If YES, go to step e.
 - c. If more information either write for more information uses the standard ***Request for Information or Verification*** letter, or request a meeting with the Tenant.
3. Is the requested accommodation reasonable? This determination will be made by the following Procedure #3 – Guidelines for Determining Reasonableness.
- a. If NO, we may deny the request. Submit the denial stating the reason(s) denying ***Request for Reasonable Accommodation.***
 - b. If YES, we will approve the request for the reasonable accommodation. A written description of the accommodation will be prepared and included in the letter approving ***Request for Reasonable Accommodations.***
 - c. If more information either write for more information uses the standard ***Request for Information or Verification*** letter, or request a meeting with the Tenant.

Procedure #3 – Guidelines for Determining Reasonableness

- 1) In accordance with Policy Principle 6.1, MHA will consider the requested method for providing reasonable accommodations for an individual with a disability. However, MHA is required to evaluate the requested method and may require the individual with a disability to provide further information to demonstrate the need for the requested accommodation to enable access to and use of the housing program. Additionally, MHA may offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the accommodation.
- 2) Requests for reasonable accommodations will be considered on a case by case basis. Decisions regarding reasonable accommodations will be carried out in compliance with all applicable accessibility laws and requirements. Additionally, in those circumstances where MHA deems that a proposed reasonable accommodation would fundamentally alter the service, program, or activity, or would result in undue financial and administrative burdens, MHA has the burden of proving such results.
- 3) The responsibility for the decision that a proposed reasonable accommodation would result in such alteration or burdens shall rest with the Executive Director or their designee after considering all resources available for use in the funding and operation of the service, program, or activity, and must be accompanied by written statement of the reasons for reaching that conclusion. If an action would result in such an alteration or such burden, MHA shall propose any other action that will not result in or require an alteration or burden.
- 4) Live-In-Aides. In some cases, an individual with a disability may require a live-in-aide. In accordance with the provisions of the MHA's Admissions and Continued Occupancy Policy, MHA may permit a live-in-aide to reside in the dwelling unit to assist an individual with a disability. A live-in-aide means a person who :
 - a) is determined by MHA to be essential to the care and well being of a family member with a disability; and

- b) is not obligated to support the family member; and
 - c) would not be living in the unit except to provide the supportive services.
- 5) A live-in-aide would not be required to share a bedroom with another member of the household [see 24 CFR 966.4(d) (3)]. Prior to granting permission, the live-in-aide must submit to a criminal background check in accordance with MHA policies and procedures. Additionally, verification for the need for a live-in-aide is required. MHA will also take the following factors into consideration when approving a live-in-aide:
- a) whether the addition of a new occupant would create a situation of overcrowding in the dwelling unit or require an additional bedroom, thereby requiring a transfer to another dwelling unit; and
 - b) the availability of an appropriate size dwelling unit with any necessary amenities, (lack of such a unit does not relieve the Authority of its obligations to provide the unit or grant the live-in-aide, it only means the Authority must address this need under item (c) below); and
 - c) MHA's obligation to make reasonable accommodation for persons with disabilities.
- 6) Verification. The MHA may verify a person's disability only to the extent necessary to ensure that applicants are qualified for the housing for which they are applying; that applicants are qualified for deductions used in determining adjusted income; that applicants are entitled to any preference they may claim; and that applicant who have requested a reasonable accommodation have a need for the requested accommodation. A MHA may not require applicants to provide access to confidential medical records in order to verify a disability or require specific details as to the nature of the disability. A MHA may require documentation of the manifestation of the disability that causes a need for a specific accommodation or accessible unit. A MHA may not ask what the specific disability is.

ATTACHMENTS TO PROCEDURES

- Attachment #1 – Request for a Reasonable Accommodation
- Attachment #2 – Request for Information or Verification
- Attachment #3 – Your Right To Request a Reasonable Accommodation



Moline Housing Authority

4141 11th Avenue A • Moline, Illinois 61265
Phone (309) 764-1819 • Fax (309) 764-2120

REQUEST FOR A REASONABLE ACCOMMODATION

Head of Household _____

Address _____

Day phone: _____ Home phone (if different) _____

1. The following member of my household has a disability

Name _____

Relationship _____

2. Please provide the following accommodation(s) so that the person listed above can comply with the requirements of the program and have an equal opportunity within the program to use and enjoy his/her unit and its associated premises.

Check the applicable request:

- An accommodation or adjustment in the following program, rule, policy, practice or service that I currently must follow to meet the terms of the program. I understand that I may ask for change in how I meet the terms of the program's rules and regulations. (Please be specific and explain what is needed. Attach a separate sheet if necessary for additional information.)

- A modification in my unit or to another part of the associated housing complex. (Please tell what specifically is needed. Attach a separate sheet if necessary for additional information.) (NOTE: Applicable only to programs where the Moline Housing Authority owns the property.)

3. I need this reasonable accommodation because:

4. My request can be verified by the following Professional:

Name _____ Title: _____

Organization _____

Address _____

Phone (____) _____

If there are other persons who can also verify your request, please fully identify them on a separate sheet and attach.

I, _____, give the Moline Housing Authority permission to contact the individual(s) identified in No. 4 of this form for purposes of verifying that I or a family member needs the reasonable accommodation requested above. (NOTE: This must be signed by the person designated in No. 1 of this form or by an individual with authority to sign on that person's behalf).

Signed (Head of Household)

(Date)



Moline Housing Authority

4141 11th Avenue A • Moline, Illinois 61265
Phone (309) 764-1819 • Fax (309) 764-2120

[insert date]

Dear:

Enclosed is a "Request for Reasonable Accommodations" form signed by **[insert individual's name]** asking you to verify [his/her], or [his/her] household member's need for a reasonable accommodation or modification in [his/her] housing.

In accordance with laws concerning persons with disabilities, a housing provider, upon request, may have to make reasonable accommodations to its program's rules, policies, practices or services or reasonable modifications to a housing unit or its associated premises. These reasonable accommodations or modifications may be required if they are necessary to enable a person with a disability to comply with the program's requirements and have an equal opportunity within the program to use and enjoy the unit and its associated premises. Please note that such accommodations *must be necessary*, not just desirable.

[Insert individual's name] has requested the accommodation described on the enclosed "Request for a Reasonable Accommodation" form. Please indicate by completing the verification portion of this form whether you believe the requested accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be helpful in making the right accommodation for this person.

This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.

Please return the form within ten calendar days of its receipt in the enclosed self-addressed, stamped envelope. If you have any questions, or cannot complete the form within ten days, please call **[insert staff name]** at 309-764-1819.

Thank you for your cooperation.

Sincerely,

Moline Housing Authority

Enclosure: Request for a Reasonable Accommodation Verification Form

REQUEST FOR A REASONABLE ACCOMMODATION VERIFICATION FORM

In accordance with the signed consent provided on the attached form, please verify the information concerning a request for a reasonable accommodation for **[Insert individual's name]** by completing the following:

(Check all applicable boxes)

- A. The subject individual has a disability or handicap (The U.S. Department of Housing and Urban Development's definition of handicap requires that the individual has an impairment that is expected to be of long-continued and indefinite duration, is a substantial impediment to his or her ability to live independently and is of a nature that the ability to live independently could be improved by a stable residential situation. This term includes: developmentally disabled persons as defined in Section 102 of the Department Disabilities Services and Facilities Construction Amendment of 1970 (42) USC 269, [1])

An individual who is developmentally disabled, i.e., an individual who has a severe chronic disability, is one for whom all of the below apply:

1. is attributable to a mental and/or physical impairment;
2. was manifested before the age of 22;
3. is likely to continue indefinitely;
4. results in substantial functional limitations in three or more of the following areas: capacity for independent living, self care, receptive and expressive language, learning, mobility, self-direction, and economic self-sufficiency, AND
5. requires special, interdisciplinary or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated.

The subject individual does NOT have a disability or handicap.

- B. The disability or handicap necessitates the requested accommodation or modification identified on the enclosed Reasonable Accommodation Request Form in order for the subject individual to comply with the requirements of the program and have equal access to and enjoyment of his/her unit and its associated premises.

- C. Do you believe the requested accommodation will achieve its stated purpose?
 yes no (If "no" please briefly explain)

D. Please indicate the critical time frame required to complete the requested accommodation so that the subject can have an equal opportunity to use and enjoy his/her unit and its associated premises and honor the terms of his/her lease.

- Immediate
- Within 5 months
- From 6 months to 1 year

E. How long have you been familiar with the subject individual's disability?

F. Date of last contact with the subject individual concerning his/her disability:

G. Please provide any comments to assist in the evaluation of the requested reasonable accommodation:

I certify that the above information is true and complete.

Physician/diagnostician name/title License #

Signature Date

Name of Organization Street address

City, State, Zip Phone

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.



Moline Housing Authority

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YOUR RIGHT TO REQUEST A REASONABLE ACCOMMODATION

Do I have the right to request a reasonable accommodation or modification of my unit while in public or assisted housing?

If you have a disability that requires you to need:

- ❖ An accommodation or adjustment in the program's rules, policies, practices or services, or
- ❖ A modification of your Public Housing unit or its associated premises, then ...

You have the right to request a reasonable accommodation or modification.

Will my request automatically be approved?

We will try to approve your request if you can show that ...

You have a disability that requires a reasonable accommodation or modification, and your request is reasonable.

How do I file a request?

You can request a reasonable accommodation by filling out a Reasonable Accommodation Request Form available at The Moline Housing Authority, 4141 11th Avenue A, Moline, IL or by calling 309-764-1819 during regular business hours. A TTY number is available in the area for hearing impaired persons. If you need help filing out this form, or if you want to give us your request in some other way, we will help you.

What happens after I file the request?

Your request will be reviewed and you will receive a response within 30 calendar days after we have received your request. If we turn down your request, we will explain the reasons. You will have a right to a hearing if your request is denied.

My signature confirms that I have read and understand my rights as indicated above.

Signature (Head of Household)

Date

The Moline Housing Authority will make every effort to make this information available to persons with disabilities in alternative formats upon request. Please allow a minimum of seven days for preparation of the material.