

HOUSING AUTHORITY  
OF THE  
CITY OF ELBA, ALABAMA

REASONABLE ACCOMMODATION POLICY  
AND  
PROCEDURES POLICY STATEMENT

Adopted by Board Resolution 2015-61
June 23, 2015
Date

**Table of Contents**

**I. Introduction:..... 1**

**II. Legal Authority ..... 1**

**III. Monitoring and Enforcement ..... 1**

**IV. Staff Training..... 1**

**V. Reasonable Accommodation ..... 1**

**VI. Application of Reasonable Accommodation Policy ..... 2**

**VII. Person With A Disability..... 2**

**VIII. Examples of Reasonable Accommodations ..... 2**

**IX. Processing of Reasonable Accommodation Requests ..... 3**

**X. Verification of Reasonable Accommodation Request ..... 4**

**XI. Denial of Reasonable Accommodation Request(s)..... 4**

**XII. Transfer as Reasonable Accommodation ..... 4**

**XIII. Housing Choice Voucher as Reasonable Accommodation ..... 5**

**XIV. Service or Assistance Animals ..... 5**

**XV. Right to Appeal/Grievance Process..... 5**

**XVI. Forms..... 6**

**I. Introduction:**

The Housing Authority of the City of Elba, Alabama (HA) is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of HA's programs, services and activities.

Therefore, if an individual with a disability requires an accommodation such as an accessible feature or modification to a HA policy, HA will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program; or an undue financial and administrative burden. In such a case, the HA may make another accommodation that would not result in a financial or administrative burden.

A reasonable accommodation is a change, modification, alteration, or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

HA will post a copy of this Reasonable Accommodation Policy and Procedures in the Central Administrative Offices located at 1207 N. Claxton Avenue, Elba, Alabama 36323. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the HA's Section 504/ADA Coordinator.

**II. Legal Authority**

The HA is subject to Federal civil rights laws and regulations. This Reasonable Accommodation Policy is based on the following statutes or regulations. See Section 504 of the Rehabilitation Act of 1973 (Section 504)1; Title II of the Americans with Disabilities Act of 1990 (ADA) 2; the Fair Housing Act of 1968, as amended (Fair Housing Act) 3; the Architectural Barriers Act of 19684, and the respective implementing regulations for each Act.

**III. Monitoring and Enforcement**

The HA's Section 504/ADA Coordinator (the Executive Director or his/her designee) is responsible for monitoring HA's compliance with this Policy. Individuals who have questions regarding this Policy, its interpretation or implementation should contact HA's Section 504/ADA Coordinator in writing, by telephone, or by appointment, as follows: 1207 N. Claxton Avenue, Elba, Alabama 36323 Telephone Number: 334-897-2737 TDD Number: 800-548-2547 Facsimile Number: 334-897-3834.

1 29 U.S.C. § 794; 24 C.F.R. Part 8. 2 42 U.S.C. §§ 12101 et seq. 3 42 U.S.C. §§ 3601-20; 24 C.F.R. Part 100. 4 42 U.S.C. §§ 4151-4157.

**IV. Staff Training**

The Section 504/ADA Coordinator (Executive Director or his/her designee) will ensure that all appropriate HA staff receive adequate training (ideally at least annually) on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, state and local requirements regarding reasonable accommodation.

**V. Reasonable Accommodation**

A person with a disability may request a reasonable accommodation at any time during the application process, residency in public housing, or participation in the Housing Choice Voucher and Moderate Rehabilitation Programs of HA. The individual, HA staff or any person identified by the individual, must submit all requests in writing.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request

for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

#### **VI. Application of Reasonable Accommodation Policy**

The Reasonable Accommodation Policy applies to individuals with disabilities in the following programs provided by the HA:

- A. Applicants of public housing;
- B. Applicants of all Housing Choice Voucher and Moderate Rehabilitation Programs;
- C. Residents of public housing developments;
- D. Participants of the Housing Choice Voucher and Moderate Rehabilitation Programs; and
- E. Participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the HA, its agents or contractors including all non- housing facilities and common areas owned or operated by the HA.

#### **VII. Person With A Disability**

A person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. As used in this definition, the phrase “physical or mental impairment” includes:

- A. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or
- B. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism. “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning.

The definition of disability does not include any individual who is an alcoholic whose current use of alcohol prevents the individual from participating in the public housing program, Housing Choice Voucher Program, Moderate Rehabilitation Program or activities; or whose participation, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others.

#### **VIII. Examples of Reasonable Accommodations**

Examples of reasonable accommodations may include, but are not limited to:

- A. Making a unit, part of a unit or public and common use element accessible for the head of household or a household member with a disability who is on the lease;
- B. Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- C. Allowing a live-in aide to reside in an appropriately sized HA unit;
- D. Transferring a resident to a larger size unit to provide a separate bedroom for a person with a disability;
- E. Transferring a resident to a unit on a lower level or a unit that is completely on one level;
- F. Making documents available in large type, computer disc or Braille;

- G. Providing qualified sign language interpreters for applicant or resident meetings with HA staff; or at resident meetings;
- H. Installing strobe type flashing lights and other such equipment for a family member with a hearing impairment;
- I. Permitting an outside agency or family member to assist a resident or an applicant in meeting screening criteria or meeting essential lease obligations;
- J. Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family; and
- K. As a reasonable accommodation for a family member with a disability, approving a request for exception payment standard amounts under the Housing Choice
- L. Voucher Program in accordance with 24 C.F.R. §§ 8.28 and 982.504 (b)(2).

#### **IX. Processing of Reasonable Accommodation Requests**

The HA will provide the "Request for Reasonable Accommodation", ("Request Form"), attached hereto, to all applicants, residents or individuals with disabilities who request a reasonable accommodation. The Reasonable Accommodation Request Form includes various forms of reasonable accommodations as well as the general principles of reasonable accommodation.

Individuals may submit their reasonable accommodation request(s) in writing, orally, or by any other equally effective means of communication. However, the HA will ensure that all reasonable accommodation requests will be reduced to writing. If needed as a reasonable accommodation, the HA will assist the individual in completing the Request Form.

- A. The HA will provide all applicants with the Request Form as an attachment to the HA application. The Request for Reasonable Accommodation Form must be provided in an alternative format, upon request.
- B. Reasonable Accommodations will be made for applicants during the application process. All applications must be taken in an accessible location. Applications will be made available in accessible formats. HA will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.
- C. HA will provide all residents with the Request Form during the annual re-certification upon request. The HA will provide the Request Form in an alternate form, upon request.
- D. Residents seeking accommodation(s) may contact the housing management office, including office of private management companies acting on behalf of HA, within their housing development or the Central Administrative Office. In addition, residents may also contact the Section 504/ADA Coordinator's office directly to request the accommodation(s).
- E. Within seven (7) business days of receipt, the housing management office, private management company, or regional management office will forward the resident's reasonable accommodation request(s) to the Office of the Section 504/ADA Coordinator.
- F. Within twenty (20) business days of receipt, the Office of the Section 504/ADA Coordinator, or the resident's regional or management office will respond to the Resident's Request.
- G. If additional information or documentation is required, the Section 504/ADA Coordinator's office will notify the resident, in writing, of the need for the additional information or documentation. The Section 504/ADA Coordinator's Office will provide the resident with the "Request for Information or Verification Form", a copy of which is attached. The written notification should provide the resident with a reply date for submission of the outstanding information or documentation.
- H. Within thirty (30) business days of receipt of the request and, if necessary, all supporting documentation, HA will provide written notification to the resident of its decision to approve or deny the resident's request(s). Upon request, the written notification will be provided in an alternate format.

A copy of the "Letter Denying Request for Reasonable Accommodation(s) and "Letter Approving Request for Reasonable Accommodation(s)" are attached.

- I. If HA approves the accommodation request(s), the resident will be notified of the projected date for implementation.
- J. If the accommodation is denied, the resident will be notified of the reasons for denial. In addition, the notification of the denial will also provide the resident with information regarding HA's HUD-approved Grievance Procedures.
- K. All recommendations that have been approved by the ADA/504 Coordinator will be forwarded to the appropriate housing manager for implementation. All requests for reasonable accommodation that are approved will promptly be implemented or begin the process of implementation.

#### **X. Verification of Reasonable Accommodation Request**

HA may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation Form. In addition, HA may request that the individual provide suggested reasonable accommodations. The HA may verify a person's disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

However, the HA may not require individuals to disclose confidential medical records in order to verify a disability. In addition, the HA may not require specific details regarding the individual's disability. The HA may only request documentation to confirm the disability-related need(s) for the requested reasonable accommodation(s). The HA may not require the individual to disclose the specific disability(ies); or the nature or extent of the individual's disability(ies).

The following may provide verification of a resident's disability and the need for the requested accommodation(s):

- A. Physician;
- B. Licensed health professional;
- C. Professional representing a social service agency; or
- D. Disability agency or clinic.

Upon receipt, the resident's Property Manager, including private management companies operating on behalf of HA, will forward the recommendation, including all supporting documentation, to the HA's Section 504/ADA Coordinator within seven (7) days of receipt.

#### **XI. Denial of Reasonable Accommodation Request(s)**

Requested accommodations will not be approved if one of the following would occur as a result:

- A. A violation of State and/or federal law;
- B. A fundamental alteration in the nature of the HA public housing program;
- C. An undue financial and administrative burden on HA;
- D. A structurally infeasible alteration; or
- E. An alteration requiring the removal or alteration of a load-bearing structural member.

#### **XII. Transfer as Reasonable Accommodation**

HA shall not require a resident with a disability to accept a transfer in lieu of providing a reasonable accommodation. However, if a public housing resident with a disability requests dwelling unit modifications that involve structural changes, including, but not limited to widening entrances, rooms, or hallways, and there is a vacant, comparable, appropriately sized UFAS-compliant unit in that resident's project or another project,

HA may offer to transfer the resident to the vacant unit in his/her project or to another project in lieu of providing structural modifications. However, if that resident rejects the proffered transfer or voucher, HA shall make modifications to the resident's unit unless doing so would be structurally impracticable or would result in an undue financial and administrative burden. If the resident accepts the transfer, HA will work with the resident to obtain moving expenses from social service agencies or other similar sources. Nothing contained in this paragraph is intended to modify the terms of HA's Tenant and Assignment Plan and any resident's rights thereunder.

### **XIII. Housing Choice Voucher as Reasonable Accommodation**

- A. When issuing a voucher as an accommodation, HA must include a list of current available accessible units known to HA, upon request. HA will also provide search assistance. HA may also partner with a qualified, local disability organization to assist the resident or applicant with the search for available, accessible housing. See 24 C.F.R. § 8.28.
- B. Extensions are available as a reasonable accommodation to eligible individuals with disabilities. These extensions are subject to documentation that a diligent effort to locate a unit has been conducted considering any impediments to searching because of a family member's disability.
- C. HA may, if necessary as a reasonable accommodation for an individual with a disability, approve a family's request for an exception payment standard amount under the Housing Choice Voucher Program so that the program is readily accessible to and usable by individuals with disabilities. See 24 C.F.R. §§ 8.28 and 982.504(b) (2).
- D. Upon request by an applicant, participant, or their representative, HA will ask the HUD Field Office for an exception payment standard up to 120% of the Fair Market Rent (FMR). However, the applicant, participant or the representative, must provide documentation of the need for the exception payment standard to HA.
- E. In exceptional cases, HA may ask the Assistant Secretary for Public and Indian Housing of HUD for an exception payment standard amount over 120% of the FMR, provided the applicant, participant or the representative provides the appropriate supporting documentation.

### **XIV. Service or Assistance Animals**

Residents of HA with disabilities are permitted to have assistance animals, if such animals are necessary as a reasonable accommodation for their disabilities. HA residents or potential residents who need an assistance animal as a reasonable accommodation must request the accommodation in accordance with the reasonable accommodation policy. Assistance animals are not subject to the requirements of HA's Pet Policy (Note: See Assistance Animal Policy for further guidance).

### **XV. Right to Appeal/Grievance Process**

- A. The public housing applicant or resident may file a complaint in accordance with HA's HUD-approved Grievance Procedure following a formal determination by the HA's ADA/504 Coordinator.
- B. The Housing Choice Voucher and Moderate Rehabilitation Program participant and applicant complainant may file a complaint in accordance with HA's HUD Approved Grievance Procedure following a formal determination by the HA's ADA/504 Coordinator.
- C. An applicant or resident may, at any time, exercise their right to appeal HA's decision through the local HUD office or the U.S. Department of Justice. Individuals may contact the local HUD office at:

U.S. Department of Housing and Urban Development

950 22<sup>nd</sup> St. N, Suite 900,

Birmingham, Alabama 35203

Telephone: 205-731-2630

Facsimile: 205-731-2502

TDD/TTY Number: 800-548-2547

**XVI. Forms**

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Forms begin on the following page.

Adopted by Board of Commissioners on June 23, 2015—Resolution #: 2015-61



**CONFIDENTIAL**  
**ELBA HOUSING AUTHORITY**  
 1207 N. Claxton Avenue  
 Elba, Alabama 36323  
 Phone (334) 897-2737 – Fax (334) 897-3834

Special Medical Accommodation Needs Verification

<b>TO:</b>	
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<b>Re: Patient Making Request:</b>	<b>DOB:</b>
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The individual named above has identified you as his/her medical provider and requested a special accommodation based on an alleged medical need. The Department of Housing and Urban Development has specific regulations related to the request for additional bedrooms for a special accommodation. *If this request is for a live-in aide, the live-in aide **MUST** be required (twenty-four hours a day) for the approval of the requester's special needs accommodation. If the request is for medical equipment, the equipment **MUST** be of the size and nature to require an additional bedroom.* These reasons must be 3<sup>rd</sup> party verified before we can process the request. This is a "time sensitive" request and we respectfully ask that you return the completed form directly to the Auburn Housing Authority in the self-addressed stamped envelope (or fax) as soon as possible. The requested accommodation and authorization for release of information is below. As the medical provider named by the person requesting the accommodation you are asked to verify that the requested accommodation **IS or IS NOT** medically needed by the requestor. This is NOT a request for medical information. NO other medical information/history is being requested.

**Penalty for Fraud**

**Any person who obtains or attempts to obtain, or who establishes or attempts to establish, eligibility for and any person who knowingly or intentionally aids or abets such person(s) in obtaining or attempting to obtain housing, or a reduction in public housing rental charges, or any rent subsidy to which such person would not otherwise be entitled, by means of a false statement, failure to disclose information, impersonation or other fraudulent scheme or device shall be guilty of a misdemeanor and, upon conviction, shall be punished by a fine of not less than \$300.00 nor more than \$500.00 or be punished at hard labor for the county not to exceed sixty (60) days, or may be both fined and imprisoned, at the discretion of the court. (24-1-10, Code of Alabama, 1975).**

Requestor Statement and Authorization to Release Information		
I	authorize	
Name of Requestor (printed)		Medical Provider's Name
<b>Reason(s) for Special Request:</b>		
My signature at the right serves as my authorization for the verification of my request and acknowledgement that I have read and understand this form and the penalty for any misrepresentation.	Signature (of Requestor)	Date

Medical Provider's Verification of Need Statement		
In the space below please verify that you ( <b>Do</b> or <b>Do Not</b> ) medically support the need for an additional <u>bedroom</u> for the requestor and state your reason(s).		
My signature at the right serves to acknowledgement that I have read and understand this form and the penalty for any misrepresentation.	Medical Provider's Signature	Date

## HOUSING AUTHORITY OF THE CITY OF ELBA, ALABAMA

### Request for Reasonable Accommodation

You may utilize this form to request that the Housing Authority (HA) of the City of Elba, Alabama provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the HA's facilities, programs or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability." If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the property manager's office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact your local property management office or the HA's Section 504/ADA Coordinator.

The 504/ADA Coordinator for this agency is: Pamela D. Bedsole, Executive Director

Date of Request:			
Applicant/Resident Name		SSN	Phone
Address		City	State Zip
<input type="checkbox"/> I am requesting the following reasonable accommodation(s) for myself.			
<input type="checkbox"/> I am requesting the reasonable accommodation(s) on behalf of:		(Name):	
My reason(s) for requesting this reasonable accommodation:			
Please indicate which option you prefer:			
<input type="checkbox"/> I wish to have modifications made to my current unit only			
<input type="checkbox"/> I would consider moving to a unit that is currently modified, but only within my current development			
<input type="checkbox"/> I would consider moving to a unit that is currently modified, even in another Development			
<input type="checkbox"/> Other - Explain			

A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development]. The HA will work with you to determine how to fulfill your reasonable accommodation request. The HA may require documentation to support your reasonable accommodation request(s).

#### Signatures

Applicant/Resident/Participant	Date
HA Representative	Date

**HOUSING AUTHORITY OF THE CITY OF ELBA, ALABAMA**

**Verification of Disability**

Name	Date	Address
City	State	Zip

Dear Resident/Applicant:

You have indicated that you, or a member of your household, need a reasonable accommodation because of a disability in connection with a Elba Housing Authority (HA) residence, facility, program, or service. A physician, licensed health care professional, or a professional representing a social service agency or disability agency or clinic may verify this information.

Please sign and return to our office the attached Authorization for Release of Information including the name and address of your health care provider or other appropriate individual, clinic or agency that can verify the needed accommodation. The HA is required to send the request directly to the provider and will use this information to evaluate your request for a reasonable accommodation. The HA will keep this information confidential. If you choose not to authorize the release of this information, we may not be able to consider your reasonable accommodation request(s).

Modification/Accommodation Requested (Please be specific)

Health Care Provider, Other Individual, Clinic, or Agency Information			
↑Name of Health Care Provider, Other Individual, Clinic, or Agency↑			
↑Address↑			
City	State	Zip	( ) Phone

Signatures	
↑Requestors Signature↑	Date
↑PHA Representative Signature↑	Date

**ELBA HOUSING AUTHORITY**

**Approval of Request for Reasonable Accommodation**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Dear Applicant or Resident:

Elba Housing Authority has received and approved your request for reasonable accommodation.

Specifically, you requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- We will provide you with the requested accommodation(s) by:
- Although we have approved your request, we will not be able to complete your accommodations until:

Date: \_\_\_\_\_ Describe the reason(s) for the delay: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions regarding this matter, please contact your Property Management Office:

Property Manager	Address	Phone
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If you think that this change or modification is not what you requested; if this is unacceptable; or, if you object to the length of time it will take to provide your request, you may contact the Public Housing Authority Section 504/Coordinator:

504 Coordinator	Address	Phone
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In addition, you may exercise your right to appeal a Housing Authority decision through the local HUD office or the U.S. Department of Justice. You may contact the local HUD office:

U.S. Department of Housing and Urban Development  
Fair Housing and Equal Opportunity  
Birmingham State Office  
950 22<sup>nd</sup> Street, North – Suite 900  
Birmingham, AL 35203-5301  
Telephone: (205) 731-2633  
Facsimile: (205) 731-2395

# ELBA HOUSING AUTHORITY

## Denial of Request for Reasonable Accommodation

Date: [REDACTED]  
To: [REDACTED]  
Address: [REDACTED]  
City, State, Zip: [REDACTED]

Dear Applicant or Resident:

Elba Housing Authority (HA) has received your request for reasonable accommodation.

Specifically, you requested:

<input checked="" type="checkbox"/> One	Your request has been denied for one or more of the below reasons.
	You do not meet the definition of a "qualified individual with a disability" as explained in the "Reasonable Accommodation Policy" and, therefore, we are not required to provide you with a reasonable accommodation.
	We have determined that your request is not "reasonable" for the following reasons: 
	Your requested accommodation is structurally infeasible for the following reasons: 
	Your requested accommodation would result in a fundamental alteration in the nature of our program for the following reasons: 
	Your requested accommodation would result in an undue financial and administrative burden for the PHA for the following reasons: 

Although we were unable to approve your specific reasonable accommodation request(s), we would like to give you the opportunity to meet with us to discuss an equally effective accommodation that may meet your needs. You may bring a friend, advocate, or attorney with you to meet with us. To schedule a meeting please notify the person below:

Name	Address	Phone

In addition, you may exercise your right to appeal a HA decision through your local HUD office or the U.S. Department of Justice. You may contact the local HUD office at:

U.S. Department of Housing and Urban Development  
Fair Housing and Equal Opportunity  
Birmingham State Office  
950 22<sup>nd</sup> Street, North – Suite 900  
Birmingham, AL 35203-5301  
Telephone: (205) 731-2633  
Facsimile: (205) 731-2395