ADMINISTRATION CENTER
Phone 970.874.7266 • FAX 970.874.8612 • TDD 1.800.545.1833
501 East 14th Street, Delta, CO 81416

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION/MODIFICATION

In accordance with the Americans with Disabilities Act (ADA), the Fair Housing Act (FHA), and Section 504 of the Rehabilitation Act, it is the policy of Delta Housing Authority (DHA) to provide reasonable accommodation and modification for applicants and participants with disabilities, when necessary, to ensure an equal opportunity to use and enjoy a residence and/or the facilities and services offered in DHA's housing programs.

Definitions

A **reasonable accommodation** is a change, modification, exception, alteration, or adaptation in a policy, procedure, practice, program, service, activity, facility, or dwelling unit that may be necessary to provide an Individual with a Disability an equal opportunity to: (1) use and enjoy a dwelling, including public and common use areas of a development; (2) participate in, or benefit from, a program (housing or non-housing), service, or activity; or (3) to avoid discrimination against an Individual with a Disability. Such an accommodation must be granted unless it would (i) pose an undue financial and administrative burden, or (ii) fundamentally alter the essential nature of the program, service, or activity.

Examples of a reasonable accommodation may include:

- Providing time extensions for locating a unit
- Permitting participants to have a live-in aide
- Providing application and reporting documents in an alternative format
- Providing TDD/TTY Number or translation services when necessary
- Installing a ramp into a building
- Lowering the entry threshold of a unit
- Installing grab bars in a bathroom

An **Individual with a Disability** is any person who has a physical or mental impairment that substantially limits one or more major life activities. 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, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness and in recovery from drug addiction or alcoholism. This definition does not include anyone who is currently using illegal drugs or poses a direct threat to the safety of others.

Request for Accommodation

If a participant indicates that an exception, change, or adjustment to a rule, policy, practice, or service is needed because of a disability, Delta Housing Authority will treat the information as a request for a reasonable accommodation, even if no formal request is made. Once a participant informs a housing provider that they are an Individual with a Disability and need something changed in order to accommodate their disability, the provider is obligated to begin the reasonable accommodation process.

A request may be oral or written. However, the best practice is to request the accommodation in writing, using the form provided to the individual by Delta Housing Authority ("DHA") so that there is a clear record of the request. If a participant is unable to write the request, the request can be heard orally and written by DHA staff for the individual allowing them to confirm the accuracy.

Requests for accommodations must be assessed on a case-by-case basis, taking into account factors such as the cost of the requested accommodation, the financial resources of DHA at the time of the request, the benefits that the accommodation would provide to the household, and the availability of alternative accommodations that would effectively meet the

household's disability-related needs.

A certification of continued need for a reasonable accommodation must be made **annually**. Third party verification of the continued need will not be required if the household certifies that the accommodation is still required.
If the granted accommodation is unit-specific, the request must be re-verified at the time the participant moves into a new unit.

Verification of Disability

Before providing an accommodation, DHA will determine that the individual meets the definition of an Individual with a Disability, and that the accommodation with enhance that individual's access to DHA's programs and services. Unless obvious, the disability and/or the need for the accommodation (that the limitations imposed by the disability require the requested accommodation) will be verified by DHA as described below.

- Third-party verification must be obtained from an individual identified by the household who is competent to make the determination. A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may provide verification of a disability.
- Third-party verification should not be obtained from an individual who is directly affiliated with the participant's voucher administration (residential coordinator, housing case manager, etc.). (The VASH Program is exempt from this requirement as the VA Case Manager and/or VA Social Worker are not responsible for voucher administration).
- DHA must request only information that is necessary to evaluate the disability-related need for the accommodation. DHA will not inquire about the nature or extent of any disability.
- Medical records will not be accepted or retained in the participant file.
- In the event that DHA does receive confidential information about a person's specific diagnosis, treatment, or the nature or severity of the disability, DHA will dispose of it. In place of the information, DHA will note in the file that the disability and other requested information have been verified, the date the verification was received, and the name and address of the knowledgeable professional who sent the verification.

Nexus

The request should state specifically what accommodation the tenant is seeking and demonstrate that the tenant has a disability that could be accommodated by the specific request. If the need for the accommodation is not readily apparent or known to DHA, the household must explain the relationship between the requested accommodation and the disability. There must be an identifiable connection, or nexus, between the requested accommodation and the individual's disability.

Making a Request for a Reasonable Accommodation

If you (or a member of your household) have a disability and think you need an accommodation or modification, at any time during the application process or after admission, you must make a verbal request or complete the Request for Reasonable Accommodation/Modification form attached to this Policy. You may submit requests to your residential coordinator or by contacting DHA at:

Delta Housing Authority
c/o Housing Operations Manager
501 East 14th
Delta, CO 81416
970-874-7266 (phone)
1-800-545-1833 (TDD)
970-874-8612 (fax)

If a request is made verbally, the DHA staff member to whom the request was made shall record the request on the Request for Reasonable Accommodation form and ask the resident or the authorized representative of the resident to sign the form.

Requests for reasonable accommodations/modifications will be treated as confidential and will only be shared with the DHA staff who are engaged in determining if the requested accommodation/modification is necessary and reasonable. Regardless of how you or your authorized representative makes the request for reasonable accommodation, you must cooperate with

DHA in providing all of the information necessary for DHA to evaluate whether the requested accommodation/modification is necessary because of a disability and reasonable.

Interactive Dialogue

Before making a determination whether to approve the request, DHA may enter into an interactive dialogue and negotiation with the household, request more information from the household, or may require the household to sign a consent form so that DHA may verify the need for the requested accommodation.

If DHA denies a request for an accommodation because there is no relationship, or nexus, found between the disability and the requested accommodation, the notice will inform the household of the right to appeal DHA's decision through an informal review (if applicable) or informal hearing.

Before DHA denies a request for an accommodation because it is not reasonable, it would impose an undue financial and administrative burden, or fundamentally alter the nature of DHA's operations, DHA will enter into (or make attempts to enter into) an interactive dialogue with the participant to discuss whether an alternative accommodation could effectively address the household's disability-related needs without a fundamental alteration to the program and without imposing an undue financial and administrative burden.

If DHA believes that the individual/participant/household has failed to agree to or identify a reasonable alternative accommodation after interactive discussion and negotiation, DHA will notify the household, in writing, of its determination ***within 10 business days*** from the date of the most recent discussion or communication with the household.

Approval/Denial of a Requested Accommodation

DHA will make every effort to respond to your request within **ten (10) business days** of receipt of the request. If additional information is necessary, you will receive a written request from DHA detailing what is needed. Whether your request is approved or denied, you will be notified in writing. Should your request be denied, you will be given information on how to appeal the decision.

Grievance Procedure:

If DHA denies a request for an accommodation, the affected household has the right to appeal the decision ***within fifteen (15) business days*** of the date of the written notification. The appeal meeting will be conducted by staff who was not originally involved in the denial. DHA will provide written decision in response to the appeal no later than ***fifteen (15) business days*** after its filing.

It is DHA's, HUD's and USDA's policy: "That no person shall be discriminated against on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. This policy will be communicated to the public through all appropriate DHA, HUD and USDA public information channels, in English or languages appropriate to the local population and in alternative means of communication (Braille, large print, audio tape, etc."

Acknowledgment of Receipt:

By signature below, I acknowledge that I have received a copy and understand the NOTICE OF RIGHT TO REASONABLE ACCOMMODATION/MODIFICATION.

Print Tenant Name: _____

_____ _____

Tenant Signature Date

DELTA HOUSING AUTHORITY
ADMINISTRATION CENTER
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501 East 14th Street, Delta, CO 81416

REQUEST FOR REASONABLE ACCOMMODATION

If you, a member of your household, or someone associated with you has a disability and feel that there is a need for a reasonable accommodation/modification for that person to have equal use and enjoyment of the program, you may, but need not, complete this form and the release below and return to Delta Housing Authority (DHA), 501 East 14th Street, DELTA, CO 81416. If you need assistance in filling out the form, call us at 970-874-7206; 1-800-545-1833 (TDD)

Name of Tenant or Applicant: _____ Today's Date: _____

Signature of Tenant or Applicant: _____

The person(s) who has a disability requiring a reasonable accommodation/modification is: (check one)

_____ Myself _____A person associated with me (such as household member or guest).

Name of person with disability (if not Tenant/Applicant): _____
Phone: _____
Address: _____
_____

Describe the accommodation you are requesting: _____
_____
_____

Describe the policy, practice, or service OR the existing physical structure that you believe limits your equal opportunity to use the facilities or services at the Community.

_____
_____

If your disability is obvious or otherwise known to [Name of Housing Provider], and if the need for the requested accommodation is also readily apparent or known, no further verification will be required. If the disability is not obvious, or the nexus between the disability and the requested accommodation is not obvious, please list the contact information of the knowledgeable professional who can verify that you have a disability warranting the accommodation(s).

Name:

Title:

Address:

Telephone:

Fax:

Release of Information: If your disability is obvious or otherwise known to DHA, and if the need for the requested accommodation is also readily apparent or known, no further verification will be required. If the disability is not obvious, or the nexus between the disability and the requested accommodation is not obvious, please list the contact information of the knowledgeable professional who can verify that you have a disability warranting the accommodation(s).

Date of request: _____

Signature of resident or prospective resident making the request, if applicable:

_____

Signature of authorized representative making the request, if applicable:

_____

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VERIFICATION FORM

Re: Verification of Section 504 Request for Applicant/Tenant

Name of applicant/resident:_____

To Whom It May Concern:

The person identified above has submitted the attached request for an accommodation under Section 504 of the Rehabilitation Act of 1973, which requires owners/managers of this site to make reasonable accommodations in rules, policies, practices, or services when such accommodation is necessary to afford an individual with disabilities equal opportunity to use and enjoy a dwelling unit and common areas.

In order to meet the specific needs of individuals with disabilities, we ask your cooperation in providing the following information and returning it to [**email address of Section 504 Coordinator**]. Your prompt return of this information will help assure timely processing of the individual's request for accommodation. The applicant/resident has consented to the release of this information on the attached request.

Part 1: **Individual with a Disability**:

Check the appropriate line below. An individual with disabilities is defined by Section 504 as any person who: (1) has a physical or mental impairment that substantially limits one or more major life activities (caring for one's self, performing manual tasks, seeing, hearing, speaking, breathing, learning and working); (2) has a record of such impairment; or (3) is regarded as having such an impairment.

□ **I CONSIDER** that the above-mentioned individual meets the above definition as an individual with disabilities.

□ **I DO NOT CONSIDER** that the above-mentioned individual meets the above definition as an individual with disabilities.

Part 2: **Reasonable Accommodation**:

Check the appropriate line below. Based on a review of the attached Request for Reasonable Accommodation Form, does this resident need the accommodation described in order to have the same opportunity that a nondisabled individual has to use and enjoy DHA program or housing?

□ **I CONSIDER** the requested accommodation **necessary** to afford this individual with disabilities equal opportunity to use and enjoy a dwelling unit and/or common areas. Please describe how this specific accommodation would meet the specific needs of this individual with disabilities.

_____

_____

_____

□ **I DO NOT CONSIDER** the requested accommodation **necessary** to afford this individual with disabilities equal opportunity to use and enjoy a dwelling unit and/or common areas. If appropriate, please identify alternate reasonable accommodations that would meet the specific needs of this individual with disabilities:

_____

_____

_____

Name & Title of person supplying information: _____

Organization: _____ Phone: _____

Signature: _____ Date: _____

Relationship to Tenant/Applicant:_____

Duration of Relationship: _____

All information is requested solely to determine this individual's need for accommodation as stated and will be held in strict confidence.

FOR DHA USE ONLY

Reasonable Accommodation/Modification (check one): Granted _____ Denied _____

Date Reasonable Accommodation/Modification was granted or denied: _____

If reasonable accommodation/modification was denied, was an alternative accommodation(s) offered?_____

_____

If yes, explain the alternative accommodation(s) offered, the date accepted, and who participated in the discussion: _

_____

_____

_____

_____

_____

_____

_____

If no, explain why, the date not accepted, and who participated in the discussion: _____

_____

_____

_____

_____

_____

_____

_____

Initials: _____