

FALL RIVER HOUSING AUTHORITY REASONABLE ACCOMMODATION POLICY

1. The Fall River Housing Authority (FRHA) does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, marital status, veteran status, public assistance, disability, genetic information, gender identity (or any other class protected by state or local law, in the access or admission to its programs or employment or in its programs, activities, functions or services.
2. The Fall River Housing Authority is covered by Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, Titles II and III, the Fair Housing Act and Massachusetts Chapter 151B as well as other state and local fair housing acts which require reasonable accommodation to persons with disabilities as defined in those laws. Herein the term reasonable accommodation is inclusive of changes in rules, policies, procedures, services, and physical modifications.
3. The Fall River Housing Authority will make a reasonable accommodation for people with disabilities when an accommodation is necessary to ensure equal access to FRHA, its amenities, services and programs. Reasonable accommodations include changes to the building, grounds or an individual unit and changes to rules, policies, practices, procedures and services.
4. Accommodations will be made up to the point of structural infeasibility, undue financial and administrative burden or requiring changes fundamental to the program. If FRHA cannot afford the full cost of an accommodation, the FRHA will meet with the applicant/resident to determine the best way to use the funds that are available to address the barrier. Likewise, if the accommodation poses a fundamental change in the nature of the housing program, the FRHA will discuss alternative accommodations.
5. FRHA may deny a request for reasonable accommodation if the applicant/resident's tenancy would constitute a direct threat to the health or safety of other individuals or would result in substantial physical damage to the property of others and if this threat could not be eliminated or reduced by a reasonable accommodation. Prior to denying a request under the "direct threat exception", FRHA shall perform an individualized assessment and use reliable, objective evidence to determine whether any reasonable accommodation could eliminate or acceptably reduce the risk of future harm to other tenants. The exception for direct threat should only apply only if an applicant or tenant with a disability would still pose a threat to health or safety after FRHA makes necessary reasonable accommodations.
6. The definition of a person with a disability for purposes of a reasonable accommodation follows the definition in Section 504, the ADA, the federal Fair Housing Act, Massachusetts Chapter 151b and any other applicable statutes: a person with a physical or mental impairment that substantially limits one or more activities of daily living, has a history of such an impairment or is regarded as having such an impairment.
7. Notice of the right to reasonable accommodation shall be posted in the management office(s) and provided at the time of application for housing assistance, program admission, and notification of eviction action. Such a notice will also be included in the Resident Policy Handbook and other relevant resident publications. Such notices shall be in large print and posted or included in a

manner that is readily seen by persons with all disabilities. Such notices will also be available in other formats for persons who cannot read them. Also, we will translate this important document into other languages for applicants and residents who have “limited English proficiency” because their primary language is not English and/or will attach a notice in multiple languages informing applicants and residents that this is an important document and that we will provide free language assistance.

8. Reasonable accommodation requests will be processed in the order in which necessary documentation is received.

PROCEDURE FOR REQUESTING A REASONABLE ACCOMMODATION

1. Applicants, tenants and third parties acting on such persons' behalf, are requested to fill out a written Reasonable Accommodation request form which may be obtained at 220 Johnson Street, Fall River or at any of our Property Management Offices. FRHA staff will assist applicants or residents who need such assistance and will accept requests in alternate format if necessary because of a disability. Verbal requests are also accepted, but may sometimes lead to confusion, so written requests are preferred.
 2. Routine requests, such as assistance in reading or completing forms, alternate format materials, etc. do not require documentation.
 3. All requests will be processed by the FRHA's designated Reasonable Accommodations Coordinator.
 4. The following types of requests will not require documentation except in unusual circumstances:
 - Simple, routine requests for assistance as described above:
 - Request where the disability and need is obvious or known to the housing provider, such as
 - sign language interpreters
 - alternate format requests
 - need for an accessible unit for a family member whose need for the accessible features of the unit is obvious and will be continuous.
 - guide or service animals.
 - grab bars
 5. All other requests, in which the disability status, need and/or likelihood that the request will resolve problem is not known or obvious, will require verification of any of the missing elements of information required to make a reasonable accommodation decision.
 6. FRHA strongly recommends that applicants or residents use FRHA *Provider Verification of Need* form in order to avoid delays. If other forms of documentation are not sufficient to document need, FRHA reserves the right to require documentation on a *Provider Verification of Need* form which will require a signed *Consent to Release Information* form. It is the applicant or resident's responsibility to secure such documentation. Documentation must come from a reliable source with sufficient professional and personal knowledge of the applicant to answer the applicable questions.
 7. As soon as the Reasonable Accommodation Coordinator receives a Reasonable Accommodation request, s/he will send the applicant's/tenant's request, any necessary verification of need and release form along with a cover letter explaining reasonable accommodations standards and process to the verification source identified by the applicant or resident.
 8. Management has the right to sufficient documentation to make a decision, but does not have a right to diagnosis, medical history or treatment unless necessary to implement a reasonable accommodation request, for example chemical sensitivity to certain materials.
 9. The Reasonable Accommodation Coordinator will approve or disapprove a reasonable accommodation request as soon as possible, but within 15 business days if there is no verification required or within 15 business days of receiving sufficient verification to make a decision.
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10. **NOTE:** In some complex cases, a meeting with applicant/resident and any service providers or other technical assistance sources may be the best way to identify a reasonable solution. Ordinarily, the FRHA will provide the accommodation as requested to applicants or tenants who are eligible for accommodations to remove barriers. However, when the FRHA finds the proposed accommodation unreasonable because it poses an undue financial and administrative burden or a fundamental change in the nature of the program, the FRHA will discuss alternatives with the applicant/resident. Applicants or residents may bring anyone they consider helpful to such a meeting. Such meetings will be arranged as soon as possible at a mutually agreeable time for all participants. If the applicant/tenant has limited English proficiency, management will, when necessary in order to comply with Title VI of the Civil Rights Act of 1964, arrange and pay for a language interpreter.
11. If the applicant/resident meets the definition of person with a disability and when necessary documents the connection between her disability and the need for the accommodation, and management has determined the request is reasonable, the manager will implement the change as soon as possible, but no later than 15 business days from the time of the decision or as soon as is reasonably possible for items requiring bids, construction, special equipment, etc. Management will notify applicant/resident of reasons for delay and estimated completion time for such requests.
12. **OPTIONAL** If the Reasonable Accommodation Coordinator believes, based on evidence, that a request is structurally infeasible, poses an undue financial and administrative burden or requires a fundamental change in the nature of the program, they will consult with the Executive Director and/or Deputy Executive Director before making a final decision.

If FRHA finds that the request poses an undue financial and administrative burden, they will notify applicant/resident and offer to make changes that do not pose such a burden. This could include paying for a less expensive partial accommodation, combining FRHA funds with resources the applicant/resident may find or waiting until a later time when more funds are available. Management will discuss alternative accommodations with the applicant/tenant before making a decision. Any agreement for a partially delayed or alternative accommodation will be in writing or in an alternate permanent format. Applicant/resident may request documentation of the basis for determining undue financial and administrative burden.

If FRHA finds that the request is not structurally feasible or requires a fundamental change in the nature of the program, management will give applicant/resident a written or alternate format explanation and will discuss and carry out any reasonable alternatives that do not require an undue financial and administrative burden or a fundamental change in the nature of the program.

13. If a reasonable accommodation request is denied, Reasonable Accommodation Coordinator will notify applicant in writing (or alternate format) of the reason(s) for denial and of their right to a grievance hearing - and the steps to request one - in accordance with the FRHA Grievance Procedure. Reasonable Accommodation requests **which arise within the context of a court case** are not eligible for a right to request a Grievance Hearing. Such denials shall be resolved solely at the informal meeting and/or within the context of the court case. For all cases, "within the context of a court case" means the Summons and Complaint have been filed with the court.
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FALL RIVER HOUSING AUTHORITY

85 MORGAN STREET | PO BOX 989 | FALL RIVER, MASSACHUSETTS 02722

KEVIN SBARDELLA, EXECUTIVE DIRECTOR
TIM McCOY, DEPUTY EXECUTIVE DIRECTOR

TELEPHONE (508) 675-3500
FAX: (508) 673-3511

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

Dear Applicant/Tenant:

You may ask for a Reasonable Accommodation if you have a disability which causes you to need:

- A change in the rules or policies or services or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information.

If we know that you have a disability or you can show that you have a disability and if your request is reasonable - meaning it does not pose “an undue financial and administrative burden” (is not too expensive or too difficult to do) and does not require a fundamental change in the nature of the program - we will try to make the changes you request.

You can obtain a Reasonable Accommodation Request Form at **220 Johnson Street, Fall River** or at any of FRHA’s Property Management Offices. All requests will be processed by the FRHA’s designated Reasonable Accommodations Coordinator. If you need help filling out your request or if you want to give us your request in some other way, we will help you.

We will give you an answer in 15 business days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If your request is not approved, we will provide reasons for the denial and you can provide additional information if you think that will help.

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.



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REQUEST FOR A REASONABLE ACCOMMODATION

Name of Applicant/Head of Household: _____

Address: _____ Phone: _____

A **disability** is defined as: *A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.*

1. The following member of my household has a disability as defined above:

Name: _____ Relationship to Head: _____

2. As a result of his/her/my disability I request the following change or changes so that the person listed can live here as easily or successfully as the other residents. Check the change(s) you need:

- ☐ An apartment for people who have difficulty seeing well or who are blind.
- ☐ An apartment for people who have difficulty hearing well or who are deaf.
- ☐ An apartment designed to meet the physical needs of people who use wheelchairs or who have mobility impairment and need the features of an accessible apartment.
- ☐ A regular apartment that has some things changed so I can use it. Please describe what needs to be changed.

- ☐ A certain kind of parking space or a particular place where I need my space to be. Write what you need on the lines below.

- ☐ An assistance animal (an animal that helps me by doing things I cannot do or that are very hard for me to do or an animal that gives me emotional support that makes the symptoms or results of my disability better.)

PLEASE CONTINUE TO NEXT PAGE...

REQUEST FOR A REASONABLE ACCOMMODATION (continued)

- ☐ A change in how we talk with you or give information to you. Please write the particular supports you need to enable us to communicate with you:

- ☐ A change in a rule, services or policy. Write what you need below:

- ☐ Any other housing need you have because of a disability. Please write what you need on the lines below:

Signature: _____

Applicant/Tenant

Date: _____

Signature: _____

Reasonable Accommodation Coordinator

Date Received: _____

The following person is responsible for coordinating compliance with applicable non-discrimination requirements for the Fall River Housing Authority:

Name: Theresa Quental, Resident Service Coordinator

Phone: (508) 675 3530

Fax: (508) 324-0154

E-mail: Theresa@fallriverha.org



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PROVIDER'S VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

Individual Requesting Accommodation: _____

(Tenant/Applicant Name)

Health Care or Service Provider: _____

(Provider Name)

(Date)

As the Fall River Housing Authority's (FRHA) **Reasonable Accommodation Coordinator**, the above-named individual has consented to our request to obtain verification from you of their **disability-related need for a reasonable accommodation**. Their signed authorization and reasonable accommodation request are attached for your review. Kindly respond to the questions below and return within five (5) business days. Please attach additional pages, if needed. Thank you,

Theresa Quental, Reasonable Accommodation Coordinator

Mail: Theresa Quental, 220 Johnson Street, Fall River, MA 02723.

E-mail: Theresa@fallriverha.org **Phone:** (508) 675-3530 **Fax:** (508) 324-0154

1) Please indicate how current your knowledge is regarding the above-named individual:

☐ Within the last six (6) months ☐ Prior to the last six months ☐ Other _____

2) Briefly describe your qualifications with regard to providing services to disabled persons:

3) In your opinion, does the above-named individual above have a qualified disability?*

☐ YES ☐ NO ☐ N/A (I have insufficient knowledge regarding this person or situation)

***Disability:** a physical or mental impairment that substantially limits one or more major life activities; a record of having such impairment; or being regarded as having such impairment.

4) Does the individual's impairment substantially limit one or more major life activities?

☐ YES ☐ NO ☐ N/A If YES, please describe below:

PLEASE CONTINUE TO NEXT PAGE...

PROVIDER'S VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

5) Does the impairment limit his/her ability to comply with the basic obligations of tenancy?

☐ YES

☐ NO

☐ N/A

If YES, please describe below:

6) Would the accommodation requested by the resident (see attached request) control or alleviate the effects of such physical or mental impairment?

☐ YES

☐ NO

☐ N/A

If YES, please describe below:

7) Are there alternative methods, procedures or devices that you can suggest to help control or alleviate the effects of such physical or mental impairment?

8) In your professional opinion, please respond to this request by checking one of the following:

☐ "I **verify** that the above-named individual, as a result of his/her disability, requires the requested reasonable accommodation in order to remove barriers to equal housing access."

☐ "I **unable to verify** whether the above-named individual, as a result of his/her disability, requires the requested reasonable accommodation in order to remove barriers to equal housing access."

☐ "I **do not believe** that the above-named individual, as a result of his/her disability, requires the requested accommodation to remove barriers to equal housing access."

9) If applicable/known, please provide information on where specialized equipment may be obtained:

10) Provider certification and contact information. Please sign and date below.

Signature

Printed Name

Date

Title/Position

Email Address

Phone

Agency/Clinic Name (if applicable)

Address

City, State, ZIP

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CONSENT TO RELEASE INFORMATION - REASONABLE ACCOMMODATION

To Applicant or Tenant: Please complete and sign this form to allow the Fall River Housing Authority to verify your disability-related need for the accommodation you requested. Please make sure the information about who is to give and receive the information is clearly filled in before you sign it.

I GIVE PERMISSION TO GIVE INFORMATION TO:

Name: Theresa Quental Title: Reasonable Accommodation Coordinator

Address: Fall River Housing Authority, 85 Morgan Street, Fall River, MA, 02722

Phone: (508) 675-3530 Fax: (508) 324-0154 Email: Theresa@fallriverha.org

I GIVE PERMISSION TO GIVE INFORMATION FROM:

Name: _____ Job Title: _____

Service or Medical Organization: _____

Address: _____

Phone _____ Email: _____

THE INFORMATION WILL BE REGARDING:

Tenant/Applicant Name: _____

Address: _____ Phone _____

I hereby authorize the service or healthcare provider named above to contact the housing staff listed above or housing provider listed above to contact the service provider listed above to verify disability status, need for the requested accommodation described below and the connection between the two. I understand that this information will be kept confidential and used only to make a decision about my reasonable accommodation request. I understand I may change my mind and notify the housing and service provider that I no longer give permission to discuss my request.

Signed: _____ Date: _____

(Adult resident with disability or Guardian)



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NOTICE OF APPROVAL OF REQUEST FOR REASONABLE ACCOMMODATION

Head of Household: _____

Date: _____

Address: _____

We have approved your request for the following change or reasonable accommodation:

☐ We expect to provide this accommodation by _____
(estimated date of completion)

☐ To make the change you requested we must go outside our FRHA to solicit bids outside contractors. We will let you know as soon as the contracted work is scheduled to be performed.

☐ Other reason for delay: _____

If you think this accommodation will not meet your needs or will take too long to provide, you may request an informal meeting by contacting the representative below who is responsible for coordinating compliance with applicable non-discrimination requirements.

Name: Theresa Quental, Resident Service Coordinator

Phone: (508) 675 3530

Fax: (508) 324-0154

E-mail: Theresa@fallriverha.org



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FAX: (508) 673-3511

REQUEST FOR REASONABLE ACCOMMODATION NOTICE OF DENIAL

Head of Household: _____
(First Name, Last Name)

Date: _____
(mm/dd/yyyy)

Address: _____
Address Apt# City/State/Zip

Phone: _____

Individual Requesting Accommodation: _____
(First Name, Last Name)

1. We have reviewed your request for the following reasonable accommodation:

2. In rendering our decision, we considered the following facts, information and documents as they relate to your request for the above-mentioned reasonable accommodation:

3. We must deny your request because we have determined that:

- ☐ A. You **do not meet the definition** of a person with a qualified handicap/disability.
- ☐ B. There is **no logical connection (nexus)** between your particular impairment(s) and the accommodation(s) sought.
- ☐ C. The accommodation would pose an **undue financial or administrative burden** or require a **fundamental alteration** in the nature of the program.

An explanation for the basis of this determination is provided on the following page.

Respectfully,

Theresa Quental, Reasonable Accommodation Coordinator

Address: 220 Johnson Street, Fall River, MA 02721
Phone: (508) 675-3530. Fax: (508) 324-0154. E-mail: Theresa@fallriverha.org

REASONABLE ACCOMMODATION - NOTICE OF DENIAL (continued)

4. An explanation for the basis of determination is provided below:

A. "You do not meet the definition of a person with a qualified handicap/disability."

B. "There is no logical connection (nexus) between your particular impairment(s) and the accommodation(s) sought."

C. "The accommodation would pose an undue financial or administrative burden or require a fundamental alteration in the nature of the program."

5. If you disagree with this decision, you may schedule an **informal meeting** with the Reasonable Accommodation Coordinator whose contact information is provided at the bottom of the previous page. If you are not satisfied with the outcome of the informal meeting, you have the right to request a **grievance hearing**¹ within 14 business days of the informal meeting.

¹ Reasonable Accommodation requests **which arise within the context of a court case** are not eligible for a right to request a Grievance Hearing. Such denials shall be resolved solely at the informal meeting and/or within the context of the court case. For all cases, "within the context of a court case" means the Summons and Complaint have been filed with the court.

