

REASONABLE ACCOMMODATION POLICY

1. CIVIL RIGHTS & NON-DESCRIMINATION

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.

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.

2. PURPOSE

- A. 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.
- B. Reasonable accommodations include changes to the building, grounds or an individual unit and changes to rules, policies, practices, procedures and services.

3. DETERMINING “REASONABLENESS”

- A. Accommodations shall be considered “reasonable” up to the point of
 - 1. Structural infeasibility,
 - 2. Undue financial and/or administrative burden, or
 - 3. Requiring changes fundamental to the housing program.
- B. When a requested accommodation falls outside the scope of “reasonableness”, per 3.A of this policy, FRHA shall engage in an interactive dialogue with the applicant/resident to explore and discuss reasonable alternatives.

4. DEFINITION OF “PERSON WITH A DISABILITY”

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.

5. NOTICE of RIGHTS TO REASONABLE ACCCOMODATION

FRHA *Notice of Applicant/Tenant Right to Reasonable Accommodation* shall be posted in public housing management office(s) and included with all applications for public housing, lease violation notices, and eviction notices. It shall also be a component of the *Tenant Policy Handbook*, a copy of which is issued to all new tenant households upon admission.

Notices can be made available 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.

6. REQUESTING A REASONABLE ACCOMMODATION

- A.** Applicants, tenants and third parties acting on such persons’ behalf are requested to fill out a *Reasonable Accommodation Request Form* which may be obtained at 220 Johnson Street, Fall River or at any Property Management Office.
- B.** FRHA staff will assist applicants or residents who need such assistance and, if necessary, shall accept requests in alternate formats to accommodate a requestors disability. Verbal requests are also accepted, though may sometimes be insufficient in gathering necessary details, so written requests are preferred.
- C.** All medical documentation related to Reasonable Accommodation requests shall be handled with the utmost sensitivity and confidentiality. To protect the individual’s right to privacy, public housing applicants and tenants are advised to place medically sensitive documents in a sealed envelope and send them to the direct and exclusive attention of the Reasonable Accommodation Coordinator.

7. DOCUMENTATION REQUIREMENTS

- A.** The following types of requests ***will not require documentation*** for approval, except in unusual circumstances:
 - 1. Simple, routine requests, such as assistance in reading or completing forms
 - 2. Requests where the disability and need are ***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.
 - service animals specially-trained to perform a function or job for an owner that has a disability (excludes companion or therapy animals).
 - grab bars
- B.** When the disability, accommodation, or the nexus between them ***is not obvious or known***, FRHA will request third-party verification from the attending medical or service provider prior to making a determination. Information requested shall be limited only to what is needed to make a Reasonable Accommodation determination.

8. VERIFICATION OF DISABILITY-RELATED NEED

- A.** It is the applicant/tenant’s responsibility to secure any supporting documentation required to process their request.
- B.** Documentation must come from a reliable source with sufficient professional and personal knowledge of the applicant to answer the applicable questions.

- C. To minimize delays in the verification process, FRHA encourages applicants/tenants to sign and submit a *Consent to Release Information* form with their RA Request. This waiver authorizes the RA Coordinator to communicate directly with the attending medical practitioner.
- D. Upon receiving consent, the RA Coordinator will request that the provider complete a *Providers Verification of Need* form which asks questions aimed at verifying the existence of a disability-related need and helping determine the best approach to providing a reasonable accommodation. The RA Coordinator shall not ask questions about an applicant/tenant's diagnosis, medical history or treatment.

9. PROCESSING REQUESTS

- A. The Reasonable Accommodation (RA) Coordinator shall review and process *Requests for Reasonable Accommodation* in the order in which they are received.
- B. Upon receipt of all completed forms, verifications and information necessary and relevant to make a determination, the RA Coordinator will review and consider all available facts prior to rendering a decision that conforms with purpose and scope of this policy and all applicable federal and state regulations and statutes.

10. ENGAGING IN INTERACTIVE DIALOGUE

- A. Ordinarily, FRHA will furnish the accommodation as requested. However, when a request extends beyond the agency's scope of that which is considered "reasonable" (see Section 3 of this policy), the RA Coordinator shall engage in an interactive dialogue with the applicant/tenant to discuss alternative options that would adequately accommodate their disability-related need:
 - 1. A face-to-face meeting with the individual is sometimes needed to identify viable alternatives.
 - 2. The RA Coordinator shall make every effort to arrange such meetings as soon as possible and at a mutually agreed-upon time for all parties.
 - 3. The applicant/tenant may bring an advocate, service provider, or anyone they think would be beneficial to have at such a meeting.
 - 4. Additionally, applicants/tenants with limited English proficiency may request a language interpreter in advance of this meeting and FRHA will provide one free of charge.
- B. If there is reason to believe that fulfilling a particular request might pose an "undue financial and administrative burden" on the agency, the RA Coordinator shall escalate the matter to the attention of the Executive Director (or his/her designee) for review and consideration.
- C. Prior to denying a request on the basis of "undue burden", FRHA shall make every effort to identify alternative approaches to financing the accommodation, such as:
 - 1. Identifying and paying for a comparable, less expensive modification;
 - 2. Leveraging publicly sourced funds available to the applicant/tenant to alleviate the cost burden; or
 - 3. Postponing fulfillment of the request until anticipated funds become available. Agreed-upon delays of this nature shall be acknowledged in writing by both applicant/tenant and FRHA.
- D. An applicant/tenant whose Reasonable Accommodation request cannot be fulfilled for reasons of "undue financial and administrative burden" may request to view the supporting documentation evidencing FRHA's basis for denial.

11. DIRECT THREAT EXCEPTION

- A. 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.
- B. 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.
- C. 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.

12. NOTIFICATION

- A. In cases where the disability and need are ***obvious and known***, the RA Coordinator shall notify the applicant/tenant in writing of the outcome of his/her request *within 15 business days of receiving the request*.
- B. In cases where the disability and need are ***not*** obvious or known, the RA Coordinator shall the applicant/tenant in writing of the outcome of his/her request *within 15 business days of receiving all verifications needed* to render a decision.
- C. For ***tenants*** requesting a reasonable accommodation, a copy of the *Notice of Approval/Denial* shall be sent to the Property Manager. For ***applicants*** requesting a reasonable accommodation, a copy of the *Notice of Approval/Denial* shall be sent to the Coordinator of Tenant Selection.
- D. *Notices of Denial* for any Reasonable Accommodation request shall include:
 - 1. The reasons for denying the request;
 - 2. Notification of tenant's right to appeal the decision should they disagree with it; and
 - 3. Information about Grievance Hearing procedures and how to request one.
 - a. Reasonable Accommodation requests which arise ***within the context of a court case*** are not eligible for an appeal through the Grievance Hearing procedure. Such denials shall be resolved solely at the informal meeting and/or within the context of the court case.
 - b. For all cases, "*within the context of a court case*" means the Summons and Complaint have been filed with the court.
- E. Any unit modifications resulting from an approved RA request shall be carried out within a reasonable timeframe following notice of approval. For modifications requiring more than 15 business days to fulfill (i.e., delays due to procurement requirements, availability of special equipment, construction schedules, etc.), the Property Manager shall notify the Tenant with an estimated completion time.

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FALL RIVER HOUSING AUTHORITY

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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FALL RIVER HOUSING AUTHORITY

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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FALL RIVER HOUSING AUTHORITY

REQUEST FOR REASONABLE ACCOMMODATION PROVIDER'S VERIFICATION OF NEED

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 Quentel, Reasonable Accommodation Coordinator

Address: 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 last six (6) months

☐ Prior to last six (6) months

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

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

☐ YES ☐ NO ☐ I have insufficient knowledge about this person / 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:

PLEASE CONTINUE TO NEXT PAGE...

- 5) Does the impairment limit his/her ability to comply with the basic obligations of tenancy?
☐ YES ☐ NO ☐ N/A
If "YES" please describe:

- 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:

- 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 of Provider*_____
*Printed Name of Provider*_____
*Date*_____
*Title/Position*_____
*Email Address*_____
*Phone*_____
*Agency/Clinic Name (if applicable)*_____
*Address*_____
City, State, ZIP

FALL RIVER HOUSING AUTHORITY

REQUEST FOR REASONABLE ACCOMMODATION CONSENT TO RELEASE INFORMATION

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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FALL RIVER HOUSING AUTHORITY

REQUEST FOR REASONABLE ACCOMMODATION NOTICE OF APPROVAL

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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FALL RIVER HOUSING AUTHORITY

REQUEST FOR REASONABLE ACCOMMODATION NOTICE OF DENIAL

Head of Household: _____ Date: _____
(First Name, Last Name) (mm/dd/yyyy)

Address: _____ Phone: _____
Address Apt# City/State/Zip

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

REQUEST FOR 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 have **five (5) business days** from the date of this notice to request an **informal review** 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 fourteen (14) business days of the date 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.

