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.

The Fall River Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, veteran status, public assistance, genetic information, gender identity, disability, or any other class protected by state or local law, in the access to its programs for employment, or in its activities, functions or services.

FALL RIVER HOUSING AUTHORITY

85 MORGAN STREET | P.O.BOX 989 | FALL RIVER, MASSACHUSETTS 02722

KEVIN SBARDELLA, EXECUTIVE DIRECTOR **TELEPHONE (508) 675-3500**

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)

FALL RIVER HOUSING AUTHORITY

220 Johnson St. | P.O. Box 989 | Fall River, MA 02720

LETTER REQUESTING VERIFICATION

Date:_____

Dear_____(Health Care or Service Provider)

Enclosed is a form signed by _____ asking you to verify that he or she meets the definition of person with a disability for purposes of reasonable accommodation and that his or her request is necessary in order to have equal access to the housing or programs.

State and federal laws require housing providers to make reasonable accommodations or changes to either the apartment, other parts of the housing complex, or to house rules, policies, services and procedures (not essential terms of the lease) if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of the apartment and other facilities or programs at the site. Please note that such changes must be necessary to remove some physical or administrative barrier resulting from the person's disability. In other words, there must be a connection between the person's disability and the need for the accommodation.

The applicant or tenant in question has requested the accommodation described on the enclosed form. Please indicate on that form whether you believe the individual has a disability within the definition provided and whether the accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be helpful in making the right accommodation for this person. If part of the applicant/tenant's reasonable accommodation plan includes services to be provided by your organization, please indicate whether your organization will provide those services.

This form should NOT be used to discuss the person's diagnosis, the severity of the person's disability, or any other information that is not necessary to evaluate or provide the disability-related request for an accommodation. Also, please DO NOT send any medical records. Please note that the applicant/tenant has signed the attached consent form requesting you to answer the questions. Thank you.

Please complete, sign and return the attached form to: Theresa Quental, Resident Service Coordinator.

Phone: (508) 675 3530

Email: Theresa@fallriverha.org

FAX 508-675-4583

FALL RIVER HOUSING AUTHORITY

220 Johnson St. | P.O. Box 989 | Fall River, MA 02720

REQUEST FOR A REASONABLE ACCOMMODATION: HCVP PARTICIPANT

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 changes so that the person listed can live here as easily or successfully as the other residents. (Check the change(s) you need):

☐ A change in how we talk with you or give you information. Please write the particular support you need to enable us to communicate more effectively with you: _____

_____

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

_____

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

_____

Please note: As an HCVP participant modifications to your unit such as grab bars, a parking spot, an assistance animal, any modifications for the visually or hearing impaired, are to be agreed upon between yourself and your landlord. The FRHA fully supports and encourages landlords to make reasonable accommodations.

Signature: _____ Date: _____
Applicant/Tenant

Signature: _____ Date Received: _____
RA Coordinator

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

Name: Theresa A. Quental

Phone: 508-675-3530

Fax: 508-675-4583

E-mail: theresa@fallriverha.org

The Fall River Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, veteran status, public assistance, genetic information, gender identity, disability, or any other class protected by state or local law, in the access to its programs for employment, or in its activities, functions or services.

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FALL RIVER HOUSING AUTHORITY

220 Johnson St. | P.O. Box 989 | Fall River, MA 02720

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 **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 attached additional pages if needed. Thank you,

Mail: Theresa Quental, Reasonable Accommodation Coordinator - 220 Johnson St. Fall River, MA 02723
E-mail: theresa@fallriverha.org

Phone: 508-675-3530 **Fax:** 508-675-4583

1) **Please indicate <u>how current</u> your knowledge 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 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 (If yes, please describe below)
☐ NO

_____

_____

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

☐ YES (If yes please describe below)
☐ NO
☐ N/A

_____

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

☐ YES (If yes please describe below)
☐ NO
☐ N/A

_____

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 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 am **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) 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

Kindly complete, sign, and return this form within 5 business days. Feel free to fax back to Theresa Quental, RA Coordinator at 508-675-4583. Thank you.