

Dukes County Regional Housing Authority REASONABLE ACCOMMODATION/MODIFICATION POLICY

Dukes County Regional Housing Authority (DCRHA) is committed to meaningful access by all residents to its housing, programs and services. The DCRHA Reasonable Accommodation/Modification Policy defines what is intended as an interactive process between an applicant or tenant with a disability and DCRHA staff regarding either a change to a policy, procedure, or practice (an accommodation), or a structural change to a DCRHA apartment or property (a modification).

Notice of the right to Reasonable Accommodation shall be posted in the DCRHA office and included with all applications, lease violation notices, eviction notices and recertifications. Notices will be included in the DCRHA House Rules and other relevant documents, posted in a manner that is readily seen by persons with disabilities, and be available in other formats for persons who cannot read them. DCHRA will also translate this document, or provide reasonable language interpretation services, into other languages for requesters and Requesters who have limited English proficiency, in accordance with the DCRHA Limited English Proficiency and Language Assistance Plan, Policies and Procedures (available in DCRHA office).

DEFINITIONS:

- 1) **Reasonable Accommodation**: A “reasonable accommodation” is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces.
- 2) **Reasonable Modification**: A “reasonable modification” is a physical change made to the housing unit and/or public use areas of a property that are deemed necessary for the full access, use and enjoyment by a tenant or applicant.
- 3) **Person with disability**: The Fair Housing Act definition of a person with a disability includes (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.
- 4) **Unreasonable Request**: Requests that would impose an undue financial and/or administrative burden upon DCRHA or alter the nature of DCRHA’s operations or programs, would be deemed unreasonable.
- 5) **Accommodation Coordinator**: The Executive Director is the Accommodation Coordinator for the Dukes County Regional Housing Authority, P.O. Box 4538, Vineyard Haven, MA; telephone: 508-693-4419; fax: 508-693-5710; TTY: 711.

Dukes County Regional Housing Authority (DCRHA) 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 housing program or employment or in its programs, activities, functions or services.

POLICIES

1. DCRHA complies with 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 housing acts which require reasonable accommodation/modification for persons with disabilities, as defined in those laws. Hereafter, the term reasonable accommodation is inclusive of changes in rules, policies, procedures, services, and physical modifications to buildings and grounds.
2. DCRHA is entitled to obtain all information necessary to evaluate the presence of an applicable disability and the reasonableness of any requested accommodation(s).
3. Accommodation requests which are deemed to be reasonable will be addressed and accommodated in a timely and reasonable manner.
4. Reasons an Accommodation request would be deemed unreasonable include, but are not limited to, circumstances in which the authority determines that there is: 1) an imposition of an undue financial and/or administrative burden on the authority; 2) a request which would fundamentally alter the nature of DCRHA operations or programs; or 3) a lack of a recognized disability in the household.
5. If the request is deemed unreasonable, DCRHA will meet with the requester to discuss alternative accommodations. For instance, less expensive alternative accommodations that would effectively meet the requester's disability related needs may be considered.

PROCEDURES

1. Requesters, requesters and third parties acting on such persons' behalf, will be provided with a Reasonable Accommodation Request Form. A written RA Request Form is not required, and a requester may choose alternate formats and staff assistance in completing a RA request. However, in the case of third-party assistance, written Requests are helpful for the purposes of clear record keeping.
2. Staff will provide assistance with routine requests, such as assistance in reading or completing forms, alternate format materials, etc. Such requests and assistance do not require documentation or request forms.
3. Reasonable accommodation requests will be processed in the order in which all necessary documentation is received.
4. All requests, written and/or otherwise, will be communicated by staff to the Accommodations Coordinator.
5. The Accommodation Coordinator will respond to all Reasonable Accommodation requests, in writing, in a prompt manner, and shall make appropriate findings regarding the authority's decision.
6. The following types of requests will not require documentation except in unusual circumstances:
 - Simple, routine requests for assistance as described above.
 - Any request where the disability, need or accommodation are obvious or known to the housing provider, such as
 - sign language interpreters;
 - alternate format requests;

- accessible unit for a family member whose need for the accessible features of the unit is obvious and will be continuous;
- assistance or service animals; and
- grab bars.
- All other requests, in which the disability status, need and/or likelihood that the request will resolve an issue is not known or obvious, will require third party verification of any of the missing information required for a reasonable accommodation decision to be completed.

6. DCRHA recommends that requesters or requester's representatives use a DCRHA Verification Form in order to avoid delays or confusion in the processing of a request. DCRHA will provide verification of need and release forms if other forms of documentation of disability or need are deemed insufficient by the Accommodations Coordinator. It is the requester or requester's representative's responsibility to secure such documentation which must come from a reliable source with sufficient professional and personal knowledge of the requester to answer the applicable questions.

7. As soon as DCRHA receives a Reasonable Accommodation request, the staff will send the requester, 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 requester.

8. DCRHA has the right to sufficient documentation to make a decision and will only inquire about medical diagnosis, medical history and/or treatment if such inquiry is necessary to assess and/or implement a reasonable accommodation request.

9. As noted above, DCRHA will approve or disapprove a reasonable accommodation request in a prompt manner, usually within ten (10) working days if there is no verification required.

10. NOTE: In some complex cases, a meeting with the and any related service providers or other technical assistance sources may be the best way to identify a reasonable resolution to the request. When DCRHA finds the proposed accommodation unreasonable because it poses an undue financial and administrative burden or a fundamental change in the nature of the program, DCRHA will discuss alternatives with the requester, who may include anyone they consider helpful to the process. If the requester has limited English proficiency, DCRHA will, when necessary, arrange and pay for a language interpreter, in accordance with the DCRHA Limited English Proficiency and Language Assistance Plan, Policies and Procedures (available in DCRHA office).

11. If the requester meets the eligibility definition, the necessity and likely effectiveness of an accommodation is known or documented, and DCRHA has determined the request is reasonable, DCRHA will implement the change within ten (10) working days from the time the decision is made, or as soon as is reasonably practical for items requiring bids, construction, special equipment, etc. DCRHA will notify requester of estimated completion time for such requests and the timing of the implementation of the accommodation.

12. If the Accommodation Coordinator makes an initial determination, based on evidence, that a request is structurally infeasible, poses an undue financial or administrative burden, or requires a fundamental change in the nature of the authority's program, the Director will consult legal counsel, property owner (if applicable), DCRHA's property management company, relevant contractors, and other applicable parties, as needed, before making a final decision.
13. If the Accommodation Coordinator finds that the request poses an undue financial and/or administrative burden, the Director will notify the requester and offer to discuss alternative accommodations that do not pose such a burden. DCRHA may discuss alternatives including partial accommodations with the requester before making a decision. Any agreement for an alternative accommodation will be in writing or in an alternate permanent format. The requester may ask for documentation regarding the basis for determining undue financial and administrative burden.
14. If DCRHA finds that the request is not structurally feasible or requires a fundamental change in the nature of the program, DCRHA will give requester a written or alternate format explanation and will discuss and implement any reasonable alternatives that do not require an undue financial and administrative burden or a fundamental change in the nature of the program.
15. If a reasonable accommodation request is denied for any reason, the Accommodation Coordinator will notify the requester and will include in the denial notification a written or alternate format notice of the right to a grievance hearing including the DCRHA Grievance Policy which outlines the procedures for requesting a hearing. For any requester with limited English proficiency, DCRHA will either supply a translated copy of the policy or otherwise assist such a requester in accordance with the DCRHA Limited English Proficiency and Language Assistance Plan, Policies and Procedures (available in DCRHA office).
16. As per the DCRHA Grievance Policy, the Executive Director will respond to a request for either an informal or formal hearing. If the requester has limited English proficiency because their primary language is not English, DCRHA will supply a translated copy of the policy or otherwise assist such a requester in accordance with the DCRHA Limited English Proficiency and Language Assistance Plan, Policies and Procedures (available in DCRHA office).
17. If a requester and the DCRHA agree to an alternative accommodation, DCRHA staff will provide a written description of the agreement to the requester. Additionally, DCRHA will make the agreement accessible to the requester in a form that accommodates any of the requester's disabilities and/or any Limited English Proficiency, if reasonably possible. Upon completion of such agreement, both the requester and the Accommodation Coordinator will sign or otherwise record approval of the agreement in a form which is accessible to the /Requester.

DUKES COUNTY REGIONAL HOUSING AUTHORITY

PO BOX 4538, VINEYARD HAVEN MA 02568 PH. 508-693-4419 FAX 508-693-5710
DCRHA@HOUSINGAUTHORITYMV.ORG

Request for Reasonable Accommodation/Modification

To: Dukes County Regional Housing Authority

DCRHA Information

Date _____

Control #

From: Applicant or Resident Name (please print)

Address / Property & Apartment #

Town/City, State, Zip

(____) _____

Area Code/Telephone Number

Email

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy Housing Authority housing and common use areas, or to participate fully in Housing Authority's programs, activities, or services: (Please describe)

2. This request for a reasonable accommodation/modification is necessary so that I can:

3. Attached is the documentation needed to verify my disability and my disability-related need for the accommodation/modification. (Attach documentation such as a letter from your Dr.)

I confirm that the above information is true and correct.

Signature of Applicant or Resident (or authorized representative)

Date