

SHREWSBURY HOUSING AUTHORITY

36 N. Quinsigamond Avenue

Shrewsbury, Massachusetts 01545

Tel. (508) 757-0323 Fax (508) 754-5210



Notice Reasonable Accommodations

To All Applicants and Residents: Reasonable Accommodations and Modifications are available for Applicants and Residents with Mental and/or Physical Disabilities.

Local Housing Authority (LHA) does not discriminate against applicants or residents on the basis of mental (including psychiatric) or physical disabilities. In addition, the LHA has an obligation to provide "reasonable accommodations" and "reasonable modifications" on account of a disability if an applicant or resident or a household member is limited by the disability and for this reason needs such an accommodation or modification. A reasonable accommodation is a change that the LHA can make to its rules, policies, practices, or services, and a reasonable modification is a change an LHA can make to its facilities (including physical alterations to the housing unit or public or common use areas) that will assist an otherwise eligible person with a disability to have equal opportunity to use and enjoy the housing or common or public use areas or to participate fully in the LHA's programs, activities, or services. Such changes may not be reasonable if they are not financially and programmatically feasible for the housing authority.

An applicant or resident household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to The LHA, and to avoid disturbing neighbors), but an accommodation or modification may be the basis by which the household is able to meet those obligations of tenancy.

If you need an accommodation or modification because of a disability, please complete the attached form and return it to the LHA. Upon reasonable request by the LHA, you must also submit documentation verifying the existence of a disability and the disability-related need for the accommodation or modification. Within thirty (30) calendar days of receipt of your request and documentation, the LHA will contact you to discuss what the LHA can reasonably do to provide you an accommodation or modification on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result needs an accommodation or modification, you, the household member, or authorized representative, may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.

Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator _____

Housing Authority _____

Address _____

From: _____
Applicant or Resident Name (please print) Control Number

Address

Town/City, State, Zip

(_____) _____
Area Code/Telephone Number

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 the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

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

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature of Applicant or Resident (or authorized representative)

Date



**Verification of Disability by Physician or Other Professional
for Reasonable Accommodation/Modification Request**

Name of Physician or other professional: _____

Profession: _____

Address

Date _____

Applicant/Resident Name _____

Applicant/Resident Address _____

I hereby authorize release of the following information: _____ (Applicant/Resident Signature)

A local housing authority (LHA) may request verification that an applicant/resident has a disability to determine whether the applicant/resident needs a reasonable accommodation in the LHA's rules, policies, practices or services, or needs a reasonable modification of the leased premises or public or common use areas, in order to have equal opportunity to use and enjoy the leased premises or the public or common use areas, or to participate fully in the LHA's programs, activities, or services. The above-named applicant/resident has authorized your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

Executive Director and/or Reasonable Accommodation Coordinator

The following proposed reasonable accommodation(s)/reasonable modification(s) to provide the applicant/resident equal opportunity to use and enjoy the LHA's housing, programs, etc. is (are) under consideration by the LHA:

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL):

1. Based upon your knowledge, does the above-named applicant/resident have a physical or mental impairment which substantially limits one or more major life activities,* or, do you have a record(s) of such an impairment for the above-named applicant/resident? Circle the appropriate answer:

Yes / No

*Note: Determination of whether a physical or mental impairment substantially limits a major life activity is to be made without regard to the ameliorative effects of mitigating measures (e.g., assess substantial limitation of a major life activity, including the operation of a major bodily function, without considering the benefit of medication, assistive devices, etc., to the individual). Furthermore, an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

2. Does the applicant/resident have a disability-related need for the abovementioned reasonable accommodation(s)/reasonable modification(s) based on the physical or mental impairment? Please explain* your response.

*Note: please only provide information that demonstrates there is a relationship between a disability verified by a "yes" response to question 1 above and the need for the proposed reasonable accommodation/modification. Please do not otherwise provide information as to the nature or severity of the disability.

3. Other comments (please do not provide information that is not directly relevant to the reasonable accommodation(s)/reasonable modification(s)):

CERTIFICATION: I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.

Signature of Physician or Professional

Date: _____

Name: _____

Address: _____

Telephone #: _____

**Shrewsbury Housing Authority
36 N. Quinsigamond Ave
Shrewsbury, MA 01545**

REASONABLE ACCOMMODATION POLICY

1. The Shrewsbury Housing Authority (SHA) does not discriminate on the basis of race, color, religious creed, national origin, sex, ancestry, sexual orientation, age, marital status, gender identity, or disability, in the access or admission to its programs or employment, activities, functions or services.
2. The SHA 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 federal, state and local fair housing laws, regulations, and policies which require reasonable accommodation to persons with disabilities as defined in those laws.
3. A notice of the right to reasonable accommodation shall be posted in the management offices and program offices, and shall be included with applications for housing programs, recertification packets and other appropriate program notifications.
4. This policy applies to the SHA'S Leased Housing and Public Housing Programs and is incorporated by reference into the Administrative Plan and the Admissions and Continued Occupancy Policy.

What is a Reasonable Accommodation/Modification?

1. A reasonable accommodation is a change or modification of SHA's policies, practices, or procedures for people with disabilities that is necessary to insure equal access to SHA's premises, amenities, services and programs. A reasonable modification is a structural change made to existing premises, occupied or to be occupied by a person with a disability, in order to afford such person full enjoyment of the premises.
2. The definition of a person with a disability for purposes of a reasonable accommodation follows the definition in Section 504 of the Rehabilitation Act, the American with Disabilities Act, the Federal Fair Housing Act, Massachusetts General Laws Chapter 151B and any other applicable statutes:
"Disability" means a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

Major life activities include, but are not limited to, caring for one's self, performing manual tasks, walking, seeing, hearing, breathing, learning, working, thinking, eating, standing, lifting, concentrating, communicating, and sleeping.

3. Exceptions: The term disability does not include current use or current addiction to illegal drugs or the drug use is continuing and is a real and ongoing problem.

b. Where there is evidence of prior use of illegal drugs and the requestor contends they are not engaged in current use, the requestor must provide evidence of recovery and be willing and able to be compliant with either the public housing or subsidized housing lease.

4. An individual is not eligible for a reasonable accommodation or modification if:

a. They pose a direct threat to the health or safety of other individuals and this cannot be mitigated by a reasonable accommodation; or

b. They would cause substantial damage to property; or

c. They are not otherwise qualified for the SHA program and this cannot be mitigated by reasonable accommodation.

5. Reasonable accommodations or modifications will be made up to the point of undue financial or administrative burden, or requiring changes fundamental to the program in accordance with the provisions of this policy. Reasonable modifications will be made up to the point of structural infeasibility, or undue financial or administrative burden.

C. Reasonable Accommodation/Modification Evaluation Criteria

The SHA will evaluate requests for accommodation or modification by determining if the requests satisfy all of the following four criteria.

1. Request

a. The SHA must receive a request for the accommodation or modification, which sufficiently explains what the request is.

b. The request does not have to come from the person with a disability in question. Any person may make the request on behalf of the person with a disability.

c. The request does not have to be in any particular form nor do the words "reasonable accommodation or modification" need to be used.

d. The request may be verbal, although the SHA prefers written requests. Staff members will assist people in completing the Reasonable Accommodation request form if assistance is required.

e. The request may be presented at any point in time during intake, admissions, Tenancy, or participation in any of SHA programs or services.

2. Disability

- a. The accommodation or modification must be for a person who has a condition that meets the definition of disability. Such persons include the head of household as well as any household members.
- b. When a disability, as defined in this policy, is obvious or known to staff, documentation of the disability may not be required.
- c. When the disability and/or need is not known or obvious to staff, requests will require verification that the individual meets the definition of disability, and when relevant, that the accommodation is likely to resolve the problem.
- d. If a disabled individual, who has committed a program violation, requests a reasonable accommodation in order to comply with SHA program requirements, the SHA must, in considering this request, determine whether non-compliance is likely even with the accommodation sought.
- e. The SHA may request that the individual provide appropriate information or verification, within a reasonable time period, to establish that non-compliance is not likely to recur.
- f. If the requested accommodation is not likely to solve the program violation, and continuation of the program violation will pose a threat to the health or safety of others, unreasonably disrupt the quiet enjoyment of other tenants, or constitute a fundamental alteration in the program, the accommodation request may be denied.

3. Necessity for Reasons Substantially Related to the Disability

- a. The requested accommodation or modification must be necessary for the person with a disability's full enjoyment of SHA programs, facilities or premises; and
- b. The necessity must be substantially related and have a correlation to the requestor's disability.
- c. The SHA may request information that is necessary to evaluate the disability-related need for the accommodation.
- d. The SHA is not obliged to provide accommodations or modifications that may be necessary to the requestor, but are for reasons that do not substantially relate to the disability.

4. Reasonableness

The requested accommodation or modification must be reasonable. A request is not reasonable if any of the following are true:

Undue Financial or Administrative Burden on SHA

- i. The request would, if approved, impose an undue financial or administrative

burden on the SHA

ii. The SHA will determine on a case-by-case basis whether a request would impose an undue financial or administrative burden.

iii. Relevant factors include:

1. The administrative cost and burden of the requested accommodation in comparison with the administrative cost of regular operations;
2. Limits or availability of SHA's overall resources;
3. The benefits that the accommodation would provide the requester, and
4. The availability of other, less expensive, alternative accommodations that would effectively meet the requester's disability-related needs.

b. Fundamental Alteration in the Nature of SHA's Program(s): The request would, if approved, fundamentally alter SHA's program(s). This means that the request, if granted, would require the SHA to provide a program or service that it does not normally provide, such as counseling services, medical services, or transportation services.

Reasonable Accommodation/Modification Documentation

1. When documentation is necessary, SHA recommends that applicants, residents and participants use the SHA verification form. The SHA may request the use of the SHA Request for Reasonable Accommodation/Modification Form and Reasonable Accommodation Verification Form if other forms of documentation do not adequately document the need for accommodation.

2. The person requesting the accommodation should secure documentation. Documentation must include independent verification from a doctor, licensed professional or other professional who has professional knowledge of the applicant/resident/participant sufficient to render an opinion to answer the applicable questions.

3. The SHA has the right to sufficient documentation to make a decision, but does not have a right to diagnosis, medical history or treatment unless directly relevant to a reasonable accommodation request. For example, in response to a request for accommodating chemical sensitivity, the SHA could request a list of the specific materials that an individual is sensitive to.

Live-in Aide (also known as a Personal Care Attendant or PCA)

1. Live-in Aide Definition:

a. A Live-in Aide is a person who resides with one or more elderly persons, near-elderly, and/or person with a disability.

The Live-in Aide:

- i. Must be essential to the care and well-being of the person(s);
 - ii. Must not be obligated for the support of the person(s); and
 - iii. Would not be living with the person(s) except to provide the necessary supportive services.
 - iv. For state-aided programs, the Live-in Aide must be paid for their services.
- b. A Live-in Aide is not:
- i. Entitled to Residual Tenancy after the elderly, near-elderly, and/or person(s) with disability no longer reside in the unit; and
 - ii. An occasional, intermittent, multiple, or revolving caregiver.

2. Live-in Aide Approval Process:

The first step in the Live-In Aide approval process is approval by the SHA that the elderly, near-elderly, and/or person(s) with a disability requires a Live-in Aide. The procedures outlined in sections F and G of this policy (below) shall apply to this first step. In addition to the procedures outlined in sections F and G of this policy, a Live-in Aide Verification form must be completed by a doctor, licensed professional or other professional who is knowledgeable about the person's disability and is competent to render the decision. If the SHA acknowledges that a Live-in Aide is required, then the particular Live-in Aide must receive approval from the SHA prior to occupancy. A family may identify a relative as the potential Live-in Aide. Once the family identifies the potential Live-in Aide, the family must inform the SHA that this person has been identified and that they are requesting that this person be added to the household. For Leased Housing programs, the family must also obtain written approval from the landlord that the particular person can be added to the household. The SHA will then meet with the particular person identified as the potential Live-in Aide, and, if possible, the family member for whom a Live-in Aide has been approved for an initial screening interview. If the SHA determines that the potential Live-in Aide meets the above definition of a Live-in Aide, then the family must complete a Live-In Aide Application.

- a. The person commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program;
- b. The person commits drug-related criminal activity or violent criminal activity; or
- c. The person currently owes rent or other amounts to the SHA or another PHA in connection with Section 8 or public housing assistance.

Once a particular Live-in Aide is approved, a written notification will be sent to the Head-of Household. Prior to occupancy by the Live-in Aide, a Live-in Aide

Acknowledgement must be signed by the approved Live-in Aide, Head-of-Household, landlord, and a representative of the SHA.

The Live-in Aide may have additional SHA-approved family member(s) live with them in the assisted unit. However, no additional bedrooms will be provided for the family member(s) of the Live-in Aide. The additional family member(s) of the Live-in Aide shall not violate Occupancy Standards, Housing Quality Standards, or the State Sanitary Code.

3. A Live-in Aide's income will be excluded when calculating the household's income and determining the rental rate or the total tenant payment and subsidy amount. If the household is directly paying the Live-in Aide and receives funds specifically to cover the cost of these services, then this income will also be excluded. The income and assets of the Live-in Aide must be reported and verified. This section also applies to additional family member(s) of the Live-in Aide.

Procedure

1. Applicants, residents or participants may make Reasonable Accommodation requests at any time and may make them verbally, although for reasons of clarity for both parties, SHA preference is that requests be in writing.
 - a. Reasonable Accommodation Request and Verification Forms are at the SHA office and on the website.
 - b. Staff will assist applicants, residents and participants who need such assistance and will accept requests in alternate format, if necessary because of a disability.
 - c. Requests for reasonable accommodation and modification may be submitted to any staff person but will promptly be passed on to the appropriate person.
2. Once a request for a reasonable accommodation is received, the appropriate staff member will review the request and ensure that all required documentation is in order.
3. The SHA may request additional documentation from the person requesting the reasonable accommodation that substantiates the disability; documentation that the reasonable accommodation is needed as a direct result of the disability; and/or that the accommodation will enable the person to have equal opportunity relative to housing. The SHA may also seek expert advice from medical or other professionals as to the needs of the person in question and alternative methods of accommodating those needs.

4. In some cases, a meeting with the person requesting the accommodation, and any service providers or other technical assistance sources, may be the best way to identify the best solution.

5. Managers shall approve or deny a reasonable accommodation request in writing as soon as possible. A notice of denial shall provide the requestor with the right to further review

Further Review

1. An individual who received a denial of a request for reasonable accommodation or modification has the right to in-person, further review with the SHA.

2. The time period to request an in-person, further review with the SHA shall be ten (10) business days from receipt of the notice of SHA's action.

3. Requests are to be made to the SHA in writing or an alternate format.

4. The SHA shall schedule an in-person, further review to engage in an interactive process and to make a factual determination relating to the individual circumstances.

5. The SHA is not bound by decisions that are contrary to HUD regulations or requirements or contrary to Federal, State or local law.

6. If the Executive Director or his or her designee determines that the SHA is not bound by the decision made after the in-person, further review, the SHA must promptly notify the requestor of the determination and the reason for such a decision. Any such decision by the Executive Director or his/her designee shall be made in writing and shall explain its basis.

7. The SHA will take action against a requestor with a pending reasonable accommodation if the requestor presents a threat to the health and safety of other residents or tenants.

Adopted August 13, 2019