

Reasonable Accommodation/Modification Request Policy & Process

Housing Authority of Salt Lake City: It is the policy of HASLC to provide reasonable accommodations to applicants and residents who have disabilities and to permit residents with disabilities to make reasonable modifications. The purpose of a reasonable accommodation or a reasonable modification is to give an applicant or resident with a disability an equal opportunity to use and enjoy a dwelling.

Definitions:

- A *reasonable accommodation* is a change, exception or adjustment to a rule, policy, practice or service that allows a person with a disability to use and enjoy a dwelling or program.
- A *reasonable modification* is a structural change made to a resident's living space or to the common areas of a community, which is necessary to enable a resident with a disability to have full use of and enjoyment of the housing. Generally, the applicant or resident is responsible for paying the cost of a reasonable modification, unless the property receives federal funds.

Reasonableness: The reasonableness of a particular accommodation or modification depends on various factors, including undue financial and administrative burden, fundamental alteration, or direct threat to the health or safety of others.

Interactive Process: If the requested accommodation or modification is not reasonable, we will use an interactive process to explore other alternatives that would address the applicant/resident's need and that would be reasonable.

Verification: If the disability and/or the connection between the disability and the requested accommodation or modification are not obvious we may require additional information. If the disability is known, but the requested accommodation does not appear related to the disability, we will request only information necessary to evaluate the disability-related need for the accommodation. If neither the disability nor the relationships between the disability and the accommodation is clear, we will ask for proof of both. We will accept verification from a doctor or other medical professional or other qualified third-party who, in their professional capacity, has knowledge about the disability.

Alternative Accommodations: If the accommodation initially requested is determined not to be feasible or if more than one reasonable accommodation would fulfill the needs of the person with the disability, we will engage in a discussion to identify alternatives that may be less costly or administratively burdensome.

Communication: In order to accurately document reasonable accommodation or modification requests, we ask that applicants and residents complete a HASLC request form. Should HASLC require additional information about the disability and/or the relationship between the disability and the requested accommodation/modification, we may ask for a written statement from your health provider/practitioner verifying the disability and the disability-related need for the accommodation.

Timeliness: We will evaluate each request on a case-by-case basis, in a timely and professional manner. A written response to your request will be provided within 20 business days of receipt of verification.

(To be given to resident along with Request Form)

Request Form

Applicant/Resident/Participant: Please complete this form and submit it to a staff of The Housing Authority of Salt Lake City.

Name: _____ Date: _____

Unit # _____ Property: _____

I am requesting, on behalf of myself or a member of my household who is a minor, the following disability-related Reasonable Accommodation or Reasonable Modification (read attached for definitions), which is necessary for my use and/or enjoyment of my housing: (attach separate sheet if necessary)

If Third-Party verification is required, my signature authorizes my provider/practitioner to provide the information requested on the Third-Party Verification Form.

Applicant/Participant/Resident Signature	Printed Name	Date
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NOTE: If assistance is required in completing this form, please advise the Resident Manager/Section 8 Caseworker.

INITIAL RESPONSE: Must be completed and signed by HASLC staff. Give a copy to Applicant/Participant/Resident. If a Third-Party Verification Form is required give along with this form.

- The applicant/resident's disability is known or obvious to HASLC Staff and the relationship between the disability and the requested accommodation or modification is apparent; the request will be forwarded to the appropriate HASLC staff. (No Third Party Verification is required)
- The applicant/resident's disability is known or obvious to HASLC Staff but the medical need for the accommodation is not. Before we can make a decision, we need third-party verification of the disability-related need for the accommodation or modification. Please have health care provider, social service provider, or other qualified professional complete the attached form and submit it directly to HASLC staff. (Third Party Verification is required)
- The applicant/resident's disability is not known to HASLC Staff. We require third-party verification that the applicant/resident meets the definition of disabled and that there is a disability-related need for the accommodation or modification. (Third Party Verification is required)

HASLC Staff Person Signature	Printed Name	Date
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Third-Party Verification (If required)

Applicant/Participant/Resident: Give this form and a copy of your request to your health care provider, social service provider, or other qualified professional.

Instructions to Provider: HASLC does not provide reasonable accommodations when the request is a matter of convenience or preference only.

Housing Authority of Salt Lake City has received a request for a Reasonable Accommodation- Modification from _____ (patients/clients name), as described on the attached Request Form. In order to make a decision, we require additional information. Please complete A through D below:

A. My client/patient does / does not (please check one) meet the following definition of disabled:

_____ An individual has a physical, mental, or emotional impairment that; is expected to be of long-continued and indefinite duration; substantially impedes their ability to live independently; is of such nature that the ability to live independently could be improved by more suitable housing conditions.

_____ An individual has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000: "A severe chronic disability of an individual that: Is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the individual attains age 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activity: Self-care, receptive and expressive language, learning, mobility, Self-direction, capacity for independent living, Economic self-sufficiency; and reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated

_____ An individual with a disability as defined in Section 504 regulations as: "Any person who has a physical or mental disability that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment [24 CFR 100.201]. Major life activities include walking, talking, and hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. The law also applies to individuals who have a history of such impairments as well as those who are perceived as having such impairment."

No information regarding the nature or severity of the disability should be provided.

B. In your professional opinion, does the household member require what he or she has requested in order to have the same opportunity that a nondisabled individual has to use and enjoy the program/site?

Yes No Explain if needed: _____

C. Is there any other accommodation or modification that could meet the household member's needs in place of what the household member has requested?

Yes No Please describe. _____

D. Medical Professional: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Fax the completed form directly to, The Housing Authority of Salt Lake City, (801) 487-3641