Reasonable Accommodation Packet for Section 8 Participants

This packet should include:

- Reasonable Accommodation and Process
- Request for Reasonable Accommodation – Form to be completed by participant family.
- Verification of Need for Reasonable Accommodation – Form to be completed by Physician or Qualified Care Provider.
Reasonable Accommodation and Process

The Richfield Housing and Redevelopment Authority (HRA) is committed to providing accommodations to persons with disabilities so that their living arrangements are comparable to those of other Section 8 participants. A reasonable accommodation and/or modification is some exception or change that we make to rules, policies services, or regulations that will assist a participant with a disability in taking advantage of a housing program and/or dwelling. The accommodation and/or modification must be necessary for the individual with the disability to enjoy and/or use fully services offered to other residents and/or the individual dwelling unit. An example of a reasonable accommodation that may be request may include:

- A change in the Housing Authority’s rules, policies, or how we do things that would make it easier for you to live in your dwelling;
- A change in the way we communicate with you or give you information.
- Permitting a live-in Personal Care Attendant to live with a disabled participant who might need 24 hour assistance.

To qualify for a reasonable accommodation, you must:

1. You or a household member must be a person with a disability under the following ADA definition:
   - A physical or mental impairment that substantially limits one or more major life activities:
   - A record of such an impairment or
   - Regarded as having such an impairment

   The term “substantially limits” suggest that the limitation is “significant” or “to a large degree.”

   The term “major life activity” means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, learning, and speaking.

2. Submit a completed Request for Reasonable Accommodation Form.
3. Have a qualified physician or other professional verify that you require the accommodation due to your disability and the change is required for you to have equal access to the housing program.

If you can show that you have a disability and if your request is reasonable and relates to the accommodation you are requesting we will try to make the change as long as it is not too expensive or difficult to arrange.

You will be provided with a written decision in a reasonable time frame. If no additional information is needed and no verification is outstanding, a response should be sent to you within 14 working days.

The written decision will include details on the request if approved, or an explanation for denial of the request, as well as details on requesting an informal hearing to have the decision reviewed.

Falsifying reasonable accommodation requests constitutes program fraud under 24 CFR 982.441 (k) and may result in denial or termination of benefits.
HEAD OF HOUSEHOLD: _________________________________________  PHONE: ___________________

ADDRESS: ______________________________________________________________________________

The following member of my household has a disability as defined below: (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).

Name of person with disability: _____________________________________________________

As a result of his/her disability the following change or changes are needed so that my family can live in the subsidized unit as easily or successfully as other residents. We are requesting the following:

- Additional bedroom for durable medical equipment or severe medical reasons
- Additional bedroom for 24 hours personal care attendant
- To rent from a relative
- Larger bedroom size than Occupancy Standards allowed by Richfield HRA I would like a ___ bedroom voucher and have only a ____ bedroom voucher
- Other: ________________________________________________________________________________

I am requesting the following accommodation so that I or my household member(s) can live here as easily as others and enjoy and participate equally in housing: (Please attach additional pages if needed)

________________________________
________________________________
________________________________

Falsifying reasonable accommodation requests constitutes program fraud under 24 CFR 982.441 (k) and may result in denial or termination of benefits.

Signature of Head of Household: _______________________________ Date: _____________________

Please note the Request for Reasonable Accommodation form plus the Verification of Need for Reasonable Accommodation form (completed by Care Provider) must both be returned to Richfield HRA. Upon receiving both the completed Request for Reasonable Accommodation form and Verification of need for Reasonable Accommodation form and any supporting documenting Richfield HRA will make a decision of this request and a written decision will be sent out from our office within 14 working days.
VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

Name and Address of Care Provider: ________________________________
Date: _____________________________________

______________________________
Head of Household: _____________________________

______________________________
Client Number: _____________________________

______________________________
Patient’s Name: _____________________________

Dear Care Provider:

The individual listed above has identified him or herself as being disabled and has asked for an accommodation from this agency to meet certain needs dictated by the disability. You have been asked as a qualified professional to provide information based on your direct experience with this individual. In order to maintain client confidentiality we require this form be returned to the Housing Authority by the U.S. Postal Service at the address listed on the following page or sent as an e-mail attachment (email address must be from care provider) to e-mail listed on the following page. Hand-delivered forms will not be accepted.

Authorization to Release Information. I authorize the Care Provider listed above to disclose relevant information to the Housing Authority of the City of Richfield regarding the need for a reasonable accommodation. I understand the information the Housing Authority obtains will be kept confidential and used solely to determine if an accommodation would be provided.

Signed: __________________________________
Name of Patient (or Guardian) _____________________________
Printed Name __________________________________
Dated: _______________________________

Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act define a “disability” as a physical or mental impairment which substantially limits one or more of a person’s major life activities, a record of having such impairment, or being regarded as having such impairment.

1. Does this individual have a disability, as defined above?  
   Yes______  No______

2. If yes, does this individual, because of this disability, need an accommodation in any rules, policies, practices or services of the Housing Authority of the City of Richfield to have an equal opportunity to use and enjoy his or her home?  
   Yes______  No______

3. If yes, please describe the accommodations needed:
   __________________________________________________________________________
   __________________________________________________________________________
4. Please describe why this accommodation is needed and how it relates to a disability:
______________________________________________________________________________
______________________________________________________________________________

5. Do you recommend this type of accommodation for individuals with similar impairments?
   Yes____  No____

6. If no, please explain:  _________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

Name and address of person completion form:

Printed Name:  __________________________________________
Position:  ___________________________________________________________________________
Address:  ___________________________________________________________________________
____________________________________________________________________________________
Phone:  _____________________________________________________________________________
Signature:  ______________________________________  ______________________________________
Date:  _______________________________________________________________________________

Please return this form to:
Richfield Housing and Redevelopment Authority
Section 8
6700 Portland Avenue South
Richfield, MN  55423
section8@cityofrichfield.org
612/861-9770 Phone
612/861-8974 Fax