

**PUBLIC HOUSING and COMMUNITY
DEVELOPMENT**

**REASONABLE ACCOMMODATION POLICIES
AND PROCEDURES**

ATTACHMENT C

OF THE

SECTION 8 ADMINISTRATIVE PLAN

Effective 6-14-17

Reasonable Accommodations Policy and Procedures
Attachment C of the Section 8 Administrative Plan

TABLE OF CONTENTS

INTRODUCTION.....1

 Policy Statement.....1

 Legal Authority.....1

 Monitoring and Enforcement.....2

 General Reasonable Accommodation Policy Information.....2

DEFINITIONS.....4

AUXILIARY AIDS AND EXAMPLES OF REASONABLE ACCOMMODATIONS.....5

FUNDAMENTAL ALTERATIONS TO THE PROGRAM OR UNDUE
FINANCIAL AND ADMINISTRATIVE BURDEN.....7

ESSENTIAL OBLIGATIONS OF TENANCY.....8

TYPES OF ACTIONS CONSIDERED TO BE A FUNDAMENTAL ALTERATION.....9

REASONABLE ACCOMMODATION PROCEDURES.....10

 Initial Reasonable Accommodation Procedures.....10

 Notification to Applicants/Residents/Program Participants Regarding
 Reasonable Accommodation Requests.....10

 Making a Reasonable Accommodation Request.....11

 Determining Whether to Provide the Accommodation.....15

 Guidelines for Determining Reasonableness.....16

 Reasonable Accommodation Grievances and Appeals.....17

 Discontinuation of Reasonable Accommodation.....18

 Application and Waiting List.....18

 Mitigating Circumstances.....19

 Disability-Related Activities and Reasonable Accommodations Unique
 Unique To the Section 8 Program.....19

PHCD PUBLIC HOUSING ASSISTIVE ANIMAL POLICY.....22

SECTION 8 ASSISTIVE ANIMAL POLICY.....24

Reasonable Accommodations Policy and Procedures
Attachment C of the Section 8 Administrative Plan

LIVE-IN AIDES.....25

TRANSFERS.....27

FORMER USERS OF ILLEGAL DRUGS.....28

ALCOHOLISM.....31

EMERGENCY EVACUATION.....32

OTHER PHCD PROGRAMS AND SERVICES33

MIAMI-DADE COUNTY ADA GRIEVANCE PROCESS.....34

ACKNOWLEDGEMENTS.....35

FORMS.....36

INTRODUCTION:

Policy Statement:

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD) is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of PHCD's programs, services and activities. Therefore, if an individual with a disability requires an accommodation such as an accessible feature or modification to a PHCD policy, PHCD will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program, or an undue financial and administrative burden or would be neither reasonable nor necessary. In such a case, PHCD will make another accommodation that will not result in a financial or administrative burden or be either unreasonable or unnecessary.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

PHCD will post a copy of these Reasonable Accommodation Policies and Procedures in the applicant, resident and program participant waiting areas of the PHCD Applicant Leasing Center, Section 8 Offices, Regional Offices of the PHCD; the offices of PHCD's private management companies; and, the management office in each public housing development. In addition, individuals may obtain a copy of these Reasonable Accommodation Policies and Procedures, upon request, from Applicant Leasing Center Eligibility Interviewers, Public Housing AMP administrators, Section 8 Leasing and Contract Specialists, and PHCD's ADA Coordinator.

For those who do not qualify as a person with a disability as defined by the Fair Housing Amendments Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, but who have a need for an accommodation because of a physical or mental impairment, PHCD may still provide an accommodation to meet that need contingent upon reasonableness and availability of resources.

Legal Authority:

PHCD is subject to Federal, state and local civil rights laws and regulations. This Reasonable Accommodation Policy is based on the following statutes or regulations:

See Section 504 of the Rehabilitation Act of 1973 (Section 504)¹; Title II of the Americans with Disabilities Act of 1990 (ADA)²; the Fair Housing Act of 1968, as amended (Fair Housing Act)³; the Architectural Barriers Act of 1968⁴, and the respective implementing regulations for each Act, State of Florida Statutes Sections 760.20-760.37, and Chapter 11A, *et. seq.* of the Code of Miami-Dade County.

¹ 29 U.S.C. § 794; 24 C.F.R. Part 8.

² 42 U.S.C. §§ 12101 *et seq.*

³ 42 U.S.C. §§ 3601-20; 24 C.F.R. Part 100.

⁴ 42 U.S.C. §§ 4151-4157.

Monitoring and Enforcement:

PHCD's ADA Coordinator is responsible for monitoring PHCD's compliance with the laws stated herein and this policy. Individuals who have questions regarding this policy, its interpretation or implementation should contact the ADA Coordinator in writing, by telephone, or by appointment, as follows:

ADA Coordinator
701 NW 1 Court, 16th Floor Miami, Florida 33136
(786) 469-2155 phone
(786) 469-4151 fax
Florida Relay Service: (800) 955-8771 (TDD/TYY)

Individuals may contact the ADA Coordinator regarding any complaints regarding their reasonable accommodation request.

In addition, individuals may exercise their right to appeal PHCD's decision through the local offices of the following agencies:

United States Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity
909 S.E. 1st Avenue
Miami, FL 33131
(305) 536-4479
TDD/TTY: (305) 536-4743

United States Department of Justice
99 N.E. 4th St.
Miami, FL 33132

General Policy Information:

The requirement to provide reasonable accommodation is intended to provide, for persons with disabilities, equal opportunity to participate in all housing programs administered by PHCD through modification of policies, procedures, or structures. This policy is not intended to provide greater program benefits to persons with disabilities than to non-disabled residents, program participants or applicants. It may mean, however, that persons with disabilities will sometimes be treated differently, in order to ensure equal access to programs and services.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

Information and documentation regarding the policy of reasonable accommodations will be given to applicants, residents and program participants during the admission and occupancy cycle, including but not limited to during the recertification process, and upon request (see "Notification to Applicants, Residents, and Program Participants Regarding Reasonable Accommodation Requests", page 10). Forms and other documents used for applicants, residents and program participants will, to the extent feasible, be written in plain, intelligible language. When appropriate, PHCD will provide documents in accessible formats, provide

auxiliary aids, or, upon request, communicate with a third party designated by the applicant or resident.

Reasonable accommodations are made in response to individual requests from a qualified person with disabilities. The request may be made in any manner that is convenient for the person with disabilities. Accommodations will be unique to the individual with disabilities; individuals with the same disability may not need, or desire, the same level of accommodation. There is no standard approach. What works for one person may not work for another in the same situation.

PHCD will not provide supportive services, e.g., counseling, medical, or social services that fall outside the range of services offered to residents. Further, PHCD will make modifications in order to enable a qualified applicant/resident with disabilities to live in the housing, but is not required to offer housing of a fundamentally different nature. The test is whether, with appropriate modifications, the applicant/resident can live in the housing that PHCD offers; not whether the applicant/resident could benefit from some other type of housing that PHCD does not offer.

DEFINITIONS:

Applicant: A person who successfully follows all of the required steps identified by PHCD as necessary for becoming a participant in one of PHCD's housing programs (for example: the Public Housing, Section 8 Housing Choice Voucher, or Section 8 Moderate Rehabilitation programs).

Assistive Animals: Animals that are used to give assistance to persons with disabilities and are necessary as a reasonable accommodation. Assistive animals are also referred to as service animals, support animals or therapeutic animals.

Major Life Activities: These include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. This is not an exhaustive list; other life activities can also be major.

Mitigating Circumstances: Situations in which a requested reasonable accommodation enables an applicant, resident, or program participant to become lease compliant.

Resident: A person who successfully follows all of the required steps identified by PHCD as necessary for residing in a dwelling administered under PHCD's Public Housing Program.

Person with Disabilities: A person who 1) has a physical or mental impairment that substantially limits one or more major life activities, 2) has a record of such impairment, or 3) is regarded as having such impairment.

Physical Or Mental Impairment: A variety of conditions, diseases, illnesses, disfigurements and disorders including hearing/orthopedic/visual/speech impairments, alcoholism, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance), cerebral palsy, cancer, or HIV infection, if the impairment substantially limits one or more major life activities.

Program Participant: A person who successfully follows all of the required steps identified by PHCD as necessary for participating in PHCD's Section 8 Housing Choice Voucher or Section 8 Moderate Rehabilitation programs).

Reasonable Accommodation: a change, adaptation or modification to a policy, program, service, or workplace, which will allow a qualified person with a disability to participate fully in a program, take advantage of a service, or perform a job. Reasonable accommodations may include, for example those, which are necessary in order for the person with a disability to use and enjoy their dwelling, including public and common use spaces.

Verification source: a qualified professional (not necessarily a physician) having knowledge of a person's disability who can verify the person's disability and need for a reasonable accommodation.

AUXILIARY AIDS AND EXAMPLES OF REASONABLE ACCOMMODATIONS:

To facilitate communication with persons with disabilities, PHCD shall furnish appropriate auxiliary aids. "Auxiliary aids" means services or devices that enable persons with impaired sensory, manual or oral skills to have an equal opportunity to participate in, and to enjoy, the benefits of programs and activities. However, PHCD is not required to provide individually prescribed devices, such as readers for personal use or study, personal hearing aids, walkers, canes, wheelchairs, or other devices of a personal nature. In determining what auxiliary aids are necessary, PHCD shall give primary consideration to request(s) of the individual with disabilities.

Types of auxiliary aids and reasonable accommodations that PHCD, when necessary and appropriate, readily supplies to applicants, residents and program participants include but are not limited to:

1. Allowing transfers to another dwelling upon verification by a qualified verification source of a disability-based need for the transfer.
2. Providing additional explanation of program rules and requirements.
3. Offering documents, in accessible formats (e.g., large type, computer disk or Braille) and in plain language.
4. Permitting rent payments and required communications to be mailed rather than delivered in person.
5. Providing accessible housing to applicants and residents.
6. Providing another housing offer if an applicant, resident or program participant can demonstrate good cause that the rejection of the initial housing offer, for example, was because of the disability of an applicant, resident or program participant's household member.
7. Making a dwelling unit, part of a unit or public and common use elements accessible.
8. Providing auxiliary aids, such as pencil and paper for those with speech difficulties, Telecommunication Device for the Deaf (TDD), Assisted Listening Device (ALD), a qualified sign language interpreter, or a reader, when necessary for effective communication between PHCD and an applicant, resident or program participant.
9. Sending mail or making phone calls to a person designated as a contact person by the person with disabilities.
10. Allowing the use of assistive animals.
11. Considering the impact of "mitigating circumstances" regarding the rejection of an applicant for housing or when terminating the lease or terminating housing assistance to an applicant, resident, or program participant. If the applicant/resident/program participant requests such consideration or if more information is required, PHCD will ask the applicant/resident/program participant to verify:
 - a. that the applicant/resident/program participant has a disability;

- b. that the specific situation(s) that led to application rejection or lease/housing assistance termination is/are caused by or occurred because of the disability or that the disability substantially contributes to the specific situation(s) that led to application rejection or lease/housing assistance termination;
 - c. that the proposed accommodation can reasonably be expected to prevent the recurrence of the situation(s) that led to application rejection or lease/housing assistance termination.
12. Reinstating applications of persons with disabilities, if the reason they did not submit their applications or respond to housing offers in the required time was reasonably related to their disability. Decisions will be made on a case-by-case basis, considering whether, because of the person's disability, the person was prevented from responding in time and considering reasons for reinstating of applications normally allowed for people without disabilities.
 13. Reinstating applications of persons with disabilities, if the reason they did not submit their applications or respond to housing offers in the required time was failure on the part of PHCD to provide effective communication.
 14. Allowing a live-in aide to reside in an appropriately-sized dwelling unit.
 15. Installing strobe type flashing lights and other such equipment for a family member with a hearing impairment.
 16. Permitting an outside agency or family member to assist an applicant, resident or program participant in meeting screening criteria or meeting essential lease obligations.

Aids, benefits, and services, to be equally effective, are not required to produce identical results for individuals with disabilities and non-disabled persons, but to afford individuals with disabilities equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement.

FUNDAMENTAL ALTERATIONS TO THE PROGRAM OR UNDUE FINANCIAL AND ADMINISTRATIVE BURDEN:

PHCD will deny reasonable accommodation requests which would require a fundamental alteration in the nature of its programs, services or activities, or which would create an undue financial and administrative burden or which are neither reasonable nor necessary. Determining a requested accommodation to be a fundamental alteration does not eliminate PHCD's compliance responsibilities. If a requested action would result in a fundamental alteration or undue financial and administrative burden, PHCD may take another action that would not result in a fundamental alteration but would nevertheless ensure that the person would have an equal opportunity to receive the program benefits and services. PHCD's determinations with respect to fundamental alterations will be made on a case- by-case basis.

ESSENTIAL OBLIGATIONS OF TENANCY:

To help identify fundamental operations in the programs, six essential obligations of tenancy are listed below:

1. To pay rent and other charges under the lease in a timely manner;
2. To care for and avoid damaging the unit and common areas; to use facilities and equipment in a reasonable way; to create no health or safety hazards and to report maintenance needs;
3. Not to interfere with the rights and enjoyment of others and not to damage the property of others;
4. Not to engage in criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents or staff; not to engage in drug-related criminal activity on or off the premises (for Public Housing, Section 8 Moderate Rehabilitation, Section 8 Housing Choice Voucher (Section 8 Voucher), and all applicable related programs);
5. To comply with all applicable US HUD regulations, and PHCD rules, and program requirements and documents, (including the PHCD Public Housing Conventional Lease and Community Policies and Section 8 HAP Contract) and to comply with health and safety codes; and
6. Actions that would change the essential obligations of tenancy.

TYPES OF ACTIONS CONSIDERED TO BE A FUNDAMENTAL ALTERATION:

Types of activities that would be considered to be a fundamental alteration to the program include but are not limited to:

1. Actions that require substantial modifications to, or elimination of, essential lease provisions, community policy provisions, or program eligibility or screening requirements based on the obligations of tenancy (e.g., admission of an unqualified family or family member);
2. Actions that require PHCD to add supportive services; e.g., counseling, medical, or social services, that fall outside the range of existing services offered by PHCD;
3. Actions that require PHCD to offer housing or benefits of a fundamentally different nature from the type of housing or benefits that PHCD offers; or
4. Actions that substantially impair PHCD's ability to meet its essential obligations as a landlord, as defined in the PHCD Conventional Public Housing Dwelling Lease (PHCD Lease). PHCD's obligations under the PHCD Lease include management, administration, maintenance, or other services required for the operation of the program or upkeep of the property.

REASONABLE ACCOMMODATION PROCEDURES:

Initial Reasonable Accommodation Procedures:

1. PHCD's *Reasonable Accommodation Request* form will be provided to all applicants as an attachment to PHCD's application when the waiting list is opened.
2. During any point in the application process, applicants may make written requests using the Reasonable Accommodation form or if they are unable to complete the form, make a verbal request for reasonable accommodations to the following address and/or by calling the phone number indicated below:

Attention: Manager, Applicant Leasing Center (ALC)
PUBLIC HOUSING AND COMMUNITY DEVELOPMENT - ALC
1401 NW 7th Street
Miami, FL 33125
(786) 469-4300
Florida Relay TDD/TTY: 305-643-3377

Prior to eligibility interviews, applicants will send completed reasonable accommodation forms, and make all related requests and inquiries to, the ALC Manager. Also during this period, the ALC Manager or designee will send all necessary forms, and process all reasonable accommodation forms, requests and inquiries.

Notification to Applicants, Residents, and Program Participants Regarding Reasonable Accommodation Requests:

PHCD's Reasonable Accommodation Policies and Procedures, which includes the Reasonable Accommodation Request and Notice of Nondiscrimination on the Basis of Disability, will be posted in appropriate PHCD business offices listed on page 1. The Notice of Right to a Reasonable Accommodation, Reasonable Accommodation Request, and Reasonable Accommodation Information forms will also be provided at eligibility determination, move-in and recertification by the AMP administrator (Public Housing) or PHCD Contract and Leasing Specialist (Section 8) or their designees. When the designated employee (see "Making a Reasonable Accommodation Request," page 11) provides these forms, the recipient must sign the Acknowledgement of Receipt of Reasonable Accommodation Documents form, a copy of which must be placed in the recipient's file.

Forms and letters have been developed for an applicant, resident or program participant to request a reasonable accommodation. These forms are listed in the Appendix and are explained in later sections of this policy.

Although the process for requesting a reasonable accommodation is standardized, each request will be treated uniquely. The results will be unique to the individual, the property, and/or circumstances involved. Whenever possible, reasonable accommodation decisions will be made in a timely manner, and both denials and agreements to make accommodations will be documented in writing. If applicable, forms and notifications will be provided to the applicants, residents or program participants in an accessible format (such as Braille, large print, or audio tape) upon request.

Any meetings required by this policy will be held at an accessible location. Auxiliary aids will be provided upon request, where necessary to afford an individual with disabilities an equal

opportunity to participate in, and enjoy the benefits of PHCD's programs and/or activities. Auxiliary aids are services or devices that enable persons with impaired sensory, manual, or speaking skills to have an equal opportunity to participate in, and enjoy the benefits of, PHCD's programs or activities and include, but not limited to, qualified sign language interpreters, telecommunication devices for deaf persons (TDD's), Braille materials, audio recordings, materials in large print, note takers, or assistive listening devices. If auxiliary aids are requested by any person, including but not limited to an applicant, resident or program participant, such accommodations shall be made available. This requirement is contingent upon the requestor having given prior notification to PHCD, e.g., on the application form in the case of an applicant, before any meetings held by PHCD, etc. A person requiring an auxiliary aid shall make their request to PHCD by providing a minimum of five (5) days advance notice. In most instances, this will allow sufficient time to provide these accommodations.

Appointments letters, notices of meetings, brochures and other PHCD communications inform applicants, residents and program participants of their rights to auxiliary aids and how to contact the PHCD staff person to whom these requests should be made. All PHCD staff persons receiving requests for auxiliary aids will record these requests on the "Auxiliary Aids Request" form.

If PHCD is not able to accommodate a disabled person who has requested an auxiliary aid, PHCD will take appropriate action, including, but not limited to, rescheduling any meetings.

The Miami-Dade County contract for sign language interpreter services has a 48-hour advance cancellation requirement. In order to ensure compliance with this cancellation policy and prevent charges in full if the requirement is not met, the requestor will be required to notify staff or the County no less than 72 hours in advance if they anticipate not being able to attend the scheduled activity.

PHCD will schedule sign language interpreters when a request is received at least five (5) days prior to any scheduled activity.

Making a Reasonable Accommodation Request:

Applicants, residents and program participants may make a reasonable accommodation request at any time. If the applicant/resident/program participant is unable to complete any of the following reasonable accommodation forms (Request Forms): *Reasonable Accommodation Request*, *Live-in Aide Agreement*, or *Release of Disability-Related Special Needs in Case of Emergency Evacuation* (Public Housing Only) forms, the request will still be considered. If the applicant/resident/program participant is unable to complete any of the Request Forms, the Eligibility Interviewer, AMP administrator, Contract and Leasing Specialist, or other designated employee must offer assistance and, upon consulting with the applicant, resident or program participant, complete the Request Forms to the best of their ability for record-keeping purposes. The designated employee must review the completed Request Forms, as appropriate, with the applicant, resident, or program participant. The designated employee must ensure that all reasonable accommodation requests are written on the applicable forms, no matter how the requests are communicated. The designated employee shall not give any assurances to the applicant, resident, or program participant that the request for reasonable accommodation will be granted or denied, but shall convey to the applicant, resident, or program participant that the requests will be reviewed and a final determination will be made at a later date described within this policy. If the accommodation is reasonable, PHCD will consider the request.

The general procedures for making a reasonable accommodation request (subsequent to application process) are as follows:

1. At the eligibility determination phase, the Eligibility Interviewer, Contract and Leasing Specialist or other designated employee shall provide the *Notice of Right to a Reasonable Accommodation, Reasonable Accommodation Request* (which includes an attachment entitled "Examples of Reasonable Accommodations") and *Reasonable Accommodation Information* forms. The designated employee must obtain the signature of the applicant on the *Acknowledgement of Receipt of Reasonable Accommodation Documents* form indicating that they have received these forms. That form must be kept in the applicant's file. The Eligibility Interviewer, Contract and Leasing Specialist or other designee is the person to whom requests should be submitted at this phase. The designated employee shall also read a script entitled *Reasonable Accommodation Script* that clearly and simply indicates what a reasonable accommodation is and the fact that an applicant, resident or program participant has a right to a reasonable accommodation. The designated employee shall ask all applicants if they want to designate a contact person if needed to assist them because of their disability.
2. The AMP administrator, Contract and Leasing Specialist or designated employee will notify all Public Housing residents/Section 8 program participants of their right to request a reasonable accommodation by providing them with the *Notice of Right to a Reasonable Accommodation, Reasonable Accommodation Request, and Reasonable Accommodation Information* forms during move-in and recertification. They will also be notified that they may obtain additional *Reasonable Accommodation* forms from the designated employee at any time.
3. Applicants, residents, and program participants will submit all requests for reasonable accommodation to the designated employee as appropriate (see paragraphs 1 and 2 above) on the Request Forms and will obtain the Request Forms from those employees. Applicants, residents, and program participants will also obtain the Authorization for Release of Information from the designated employees as appropriate (see paragraphs 1 and 2) and return completed copies of these release forms to those same employees. If applicants, residents or program participants cannot use or complete a form because of their disability, the designated employee will still respond to their requests for reasonable accommodation and assist the applicant, resident or program participant in completing and using the form.
4. PHCD shall assure that all medical records or any other documents related to the medical condition of the applicant, resident or program participant are protected from disclosure pursuant to all applicable federal and state laws, including but not limited to the Health Insurance Portability and Accountability Act of 1996 and Chapter 119 of the Florida Statutes (Public Records Law). All documents regarding the medical condition of applicants, residents, and program participants must be stored in secure, locked cabinets in the offices of the Applicant and Leasing Center Tenant Selection Supervisor, Public Housing Regional Manager or Section 8 Tenant Selection Supervisor (as applicable). Medical documents must never be stored with applicant or tenant files. Access to medical documents and information is restricted solely to those employees who must have access to that information in order to provide a reasonable accommodation. This may include the ADA Coordinator, Applicant Leasing Center Chief (for applicants), Regional Managers (for Public Housing residents), and Tenant Selection Supervisors (for applicants and Section 8 program participants).

5. Within two (2) business days of receipt of the Request Form, the Eligibility Interviewer (for applicants), AMP administrator (for Public Housing residents), Contract and Leasing Specialist (for Section 8 Moderate Rehabilitation applicants and for Section 8 program participants) or other designated employee will fax a copy of the Request form and the following Verification Forms (as applicable) to the verification source indicated on the Request Form to verify disability and document the need for the reasonable accommodation: *Reasonable Accommodation Verification*, *Letter to Verification Source for a Reasonable Accommodation Request*, and *Live-in Aide Agreement/Live-in Aide Verification*. The fax notifies the verification source that the completed Verification form must be returned to the designated employee within ten (10) business days and that failure to do so may result in the request being denied.
6. Within two (2) business days of receipt of the Request Form, the designated employee will also forward this form to the ADA Coordinator for monitoring purposes.
7. The designated employee places a follow up call to the verification source within one (1) business day of faxing the documents to confirm receipt of the documents. If the forms have not been returned to the designated employee within five (5) days of being sent, the designated employee faxes a reminder to the verification source that the completed Verification form must be returned to the designated employee within five (5) business days and that failure to do so may result in the request being denied. If the Verification form is returned within ten (10) business days of being sent, proceed to step 8 (below). If the verification source does not return the Verification form within ten (10) business days of being sent, the designated employee forwards this information to the Applicant Leasing Center Tenant Selection Supervisor, Public Housing Regional Manager, Section 8 Tenant Selection Supervisor or other designated supervisor who must forward the documents to the ADA Coordinator with their recommendation for denial.
8. Within two (2) business days of receipt of the completed Verification Form and any supporting documentation, the designated employee will forward the applicant's, resident's, or program participant's Request Form, Verification Form, and any supporting documentation to the designated supervisors in a sealed envelope.
9. The following forms may be used by the designated supervisor (see item 6, above) to communicate with applicants, residents or program participants and verification sources regarding Request and Verification Forms: *Letter to an Applicant, Resident, or Program Participant for a Meeting About Reasonable Accommodation* (if applicable), *Request for More Information or Verification Regarding a Reasonable Accommodation Request*, or *Letter to Verification Source for a Reasonable Accommodation Request* (as applicable).
10. Should the designated supervisor determine that the Verification Form is incomplete or lacking in adequate detail, the designated supervisor will fax the form to the verification source within two (2) business days of receipt. The fax will indicate the necessary changes, and advise the verification source that the necessary changes must be incorporated and the corrected form must be returned within ten (10) business days. The fax also informs the verification source that failure to return the corrected form within the allotted time may result in the request being denied. The designated supervisor will place a follow-up phone call within one (1) business day of sending the fax to confirm receipt. The designated supervisor will send a reminder fax within five (5) business days of sending the fax should the documents fail to be returned within that time, again informing the verification source that failure to return the corrected form within the allotted time (five (5) days) may result in the request being denied. If the verification

source returns the corrected Verification Form within ten (ten) business days, proceed to the decision processes outlined in items 11 and 12 below. Should the verification source fail to return the corrected Verification Form within the allotted ten (10) business days, the designated supervisor will forward all Request and Verification Forms and any other applicable documents to the ADA Coordinator with recommendation that the reasonable accommodation request be denied for lack of proper verification, but that the request will be reconsidered should the requestor wish to resubmit it.

11. All decisions of the designated supervisors to grant reasonable accommodations will be communicated in writing (or in the appropriate, accessible format as previously indicated) to the applicant, resident or program participant and the ADA Coordinator within ten (10) business days of their receipt of correctly completed Request and Verification Forms via the *Approval/Denial of Reasonable Accommodation Request* form. The *Approval/Denial of Reasonable Accommodation Request* (Approval/Denial) form also advises the requestor of a projected date (if that can be estimated at the time of approval) by which PHCD intends to provide the accommodation and indicates a phone number for the requestor to call in case of questions. If necessary, the ADA Coordinator is available for consultation on these matters. All requests for reasonable accommodation that are approved by the designated supervisors will be implemented or the process of implementation will begin within fourteen (14) days. If the implementation or the initiation of implementation should be longer, the requestor will be notified in writing within fourteen (14) days with an estimated date of completion.
12. All recommendations by the designated supervisor to deny reasonable accommodation requests must be reviewed by the ADA Coordinator prior to being released to the requestor. The designated supervisor will transmit their recommendations to deny reasonable accommodation requests to the ADA Coordinator within ten (10) business days of their receipt of the Request and Verification Forms. All decisions of the ADA Coordinator to grant or deny reasonable accommodation requests will be communicated in writing via the *Approval/Denial of Reasonable Accommodation Request* form (or in the appropriate, accessible format) to the applicant, resident, or program participant within thirty (30) business days receipt of the designated supervisor's recommendation, the Request and Verification Forms, and all other supporting documentation. Should the requestor wish to contest any adverse action pursuant to the Reasonable Accommodation Grievances and Appeals section, they may do so by requesting a Reasonable Accommodation Grievance or Appeal Hearing (Hearing). The *Approval/Denial of Reasonable Accommodation Request* form provides information regarding PHCD's grievance/appeals procedure. If the person who wishes to contest an adverse action is unable to do so by written means because of their disability, PHCD will consider alternate means by which the person may communicate the appeal. Should the requestor wish to contest the Reasonable Accommodation Grievance or Appeal Hearing Committee's decision, they may do so by following the *Miami-Dade Grievance Process, Americans with Disabilities Act of 1990*.
13. See the "Reasonable Accommodation Grievances and Appeals" section for additional information.

All forms must be date- and time-stamped by the PHCD employees who receive them.

Determining Whether to Provide the Accommodation:

1. The first step in determining whether to provide the accommodation is to verify whether the party requiring the accommodation meets the definition of an Individual with Disabilities. The designated supervisors will determine this by using the applicable Verification Form(s) *received from verification source*.
 - a. *If NO, PHCD is not obligated to make a reasonable accommodation, and may deny the request. All final decisions to deny are made by the ADA Coordinator.*
 - b. If YES, go to step 2.
 - c. If more information is needed, the designated supervisor will notify the verification source and/or applicant/resident/program participant (as applicable) about this request, using the standard *Request for More Information or Verification Regarding a Reasonable Accommodation Request* form, or a meeting or discussion will be requested to obtain *additional information using the Letter to an Applicant, Resident, or Program Participant for a Meeting About Reasonable Accommodation*.
2. The second step is to verify that the requested accommodation is related to the disability (for example, if a person (who was the only household member) had a disability but no mobility impairment, and requested a wheelchair-accessible dwelling, the requested accommodation would not be related to the disability). The designated supervisor will *determine this by using the applicable Verification Form(s) received from verification source*.
 - a. If NO, PHCD is not obligated to make the accommodation, and may deny the request. All final decisions to deny are made by the ADA Coordinator.
 - b. If YES, go to step 3.
 - c. If more information is needed, the designated supervisor will notify the verification source and/or applicant/resident/program participant (as applicable) using the *Request for More Information or Verification Regarding a Reasonable Accommodation Request* form, or request a meeting or discussion using the *Letter to an Applicant, Resident, or Program Participant for a Meeting About Reasonable Accommodation*.
3. Is the requested accommodation reasonable? The Guidelines For Determining Reasonableness listed below will be followed by the designated supervisor in determining the reasonableness of the request.
 - a. If YES, PHCD will approve the request for reasonable accommodation. A written description of the accommodation will be included in the approval letter.
 - b. If NO, PHCD may deny the request or may suggest/offer another alternative accommodation if appropriate. The denial or suggestion/offer will be made in writing (in an accessible format, if requested). All denials must be submitted to the ADA Coordinator for review prior to release to the requestor.

- c. If more information is needed, the designated supervisor must either write for more information and notify the verification source and/or applicant/resident/program participant (as applicable) using the standard *Request for More Information or Verification Regarding a Reasonable Accommodation Request* forms, or request a meeting or discussion using the *Letter to an Applicant, Resident, or Program Participant for a Meeting About Reasonable Accommodation*.

Guidelines for Determining Reasonableness:

1. The purpose of the Verification Forms is to verify:
 - a. That the requestor is a person with disability;
 - b. That the requested accommodation is related to the applicant's, resident's, or program participant's disability; and
 - c. That the requested accommodation would (or will) provide the applicant/resident/program participant with an equal opportunity to use and enjoy PHCD housing programs.
2. PHCD retains the right to investigate alternatives to the requested accommodation, and/or alternative methods of providing the requested accommodation.
3. If an alternate accommodation satisfies the needs of the person with disabilities and is equally effective, PHCD may select the accommodation that is most convenient and cost-effective. PHCD will take the preferences of the applicant/resident/program participant into consideration in making such a determination. An alternative accommodation may include a change in procedure or policy, rather than a structural change, when the policy or procedure change would be equally effective. Under any circumstance, the requestor would still have a right to request an additional accommodation should the alternate accommodation proves unsatisfactory. The requestor retains the right to request an additional accommodation as needed.
4. If the requested accommodation constitutes a fundamental alteration to any PHCD program, and there are no other appropriate solutions, the request will be denied, and the designated supervisor recommending denial of the request must provide documentation to the ADA Coordinator explaining why the request would constitute a fundamental alteration. The ADA Coordinator shall conduct an independent review to determine if approval or denial of the request is appropriate.
5. If the requested accommodation creates an undue financial and/or administrative burden, and there are no other appropriate solutions, the designated supervisor recommending denial of the request must provide documentation to the ADA Coordinator explaining why the request would constitute an undue financial and/or administrative burden. The ADA Coordinator shall conduct an independent review to determine if approval or denial of the request is appropriate.

Reasonable Accommodation Grievances and Appeals:

If an applicant, resident or program participant disagrees with a reasonable accommodation decision, they may request a Reasonable Accommodation Grievance and Appeal Hearing by

submitting a request which may be written, oral or by any other means of communication accessible by the requestor. The name, address and phone number of the contact person for scheduling a Reasonable Accommodation Grievance and Appeal Hearing is:

ADA Coordinator
701 NW 1 Court, 16th, Floor
Miami, Florida 33136
(786) 469-2155 (office)
Florida Relay Service: (800) 955-8771 (TDD/TTY)

PHCD's Reasonable Accommodation Grievance and Appeal Hearing Committee shall convene the grievance or appeal hearing within thirty (30) business days of the receipt date of the request. The Reasonable Accommodation Grievance and Appeal Hearing Committee is composed of the members of the Section 504/ADA Policy Committee appointed by the PHCD Director. The Section 504/ADA Policy Committee members are PHCD Division Directors and other applicable staff whose responsibilities include matters related to Section 504/ADA. No PHCD employee who was involved in the initial decision(s) regarding a reasonable accommodation request that is the subject of a hearing shall sit on PHCD's Reasonable Accommodation Grievance and Appeal Hearing Committee during the hearing related to that request.

The applicant, resident or program participant may bring documents, witnesses and/or representatives to the Reasonable Accommodation Grievance and Appeal Hearing in order to contest the manner in which a reasonable accommodation is proposed to be (or was) implemented, the denial of a reasonable accommodation request, or any other applicable disability-related decision made by the ADA Coordinator.

Should the requestor wish to contest the Reasonable Accommodation Grievance and Appeal Hearing Committee's decision, they may do so by following the Miami-Dade County ADA Grievance Process.

Discontinuation of Reasonable Accommodation:

PHCD will not change or discontinue a reasonable accommodation, or a particular method of providing such accommodation, without giving notice. Notice of the change or discontinuation of a reasonable accommodation will be given to the applicant, resident or program participant with disabilities and it will include a request for the resident to indicate if the change would not meet their needs, and notification that the resident has the right to appeal the decision to change or discontinue the accommodation.

Application and Waiting List:

The application and/or application instruction forms for all Public Housing, Section 8 Housing Choice Voucher and Section 8 Moderate Rehabilitation programs shall include the following:

1. Notice that if the applicant is unable to complete the application due to disability, or needs the form in an alternate format, they may request such assistance.
2. Notice of the manner in which the applicant should request the required assistance as described in the item above.

3. A question prompting the applicant to indicate whether their or a member of the household has a disability.
4. A question prompting the applicant to indicate any special features a household member requires in a rental unit because of disabilities.

In the Public Housing and Moderate Rehabilitation programs, priority for a vacant unit with accessibility features will be given first to current residents who require those features, and then to applicants requiring the same. If there is no other resident or applicant on the waiting list needing units with accessibility features, PHCD may house the next eligible, non-disabled applicant in the unit. PHCD will also inform the applicant that pursuant to PHCD's policy and PHCD's Public Housing Lease, if another resident or eligible applicant requires the accessible features of the accessible unit, and another unit is available, then the non-disabled family/individual residing in the unit with accessible features must transfer to another unit within fifteen (15) days receipt of notice to move.

Notwithstanding PHCD's policies, residents who require a transfer as a reasonable accommodation are not prohibited from transferring within the first year of residency.

In addition, PHCD may grant an exception to its Occupancy Policies (set forth in the Section 8 Administrative Plan (Admin Plan) and the Public Housing Admissions and Continued Occupancy Policy (ACOP)) by providing a larger unit as a reasonable accommodation to a family member with disabilities.

PHCD may allow an applicant or program participant family to have an extra bedroom to accommodate a family member who requires certain medical equipment or for other verifiable reasons. The need for such equipment must be verified by a qualified health care professional as a necessary reasonable accommodation.

PHCD may grant reasonable accommodations by reinstating applicants with disabilities, who fail to respond within the required time frame to inquiries regarding updating the waiting list, if the reason they did not respond is reasonably related to their disability. PHCD may grant reasonable accommodations by reinstating applicants with disabilities for other reasons on a case-by-case basis.

Mitigating Circumstances:

General failure to comply with lease terms or other program policies may lead to termination or denial of assistance.

The ACOP and Admin Plan indicate that PHCD Public Housing residents or family members and Section 8 program participants shall comply with all lease terms including but not limited to:

- Any violent criminal activity,
- Any drug-related criminal activity, or
- Other activities in violation of the lease.

PHCD staff may become aware that an applicant's ineligibility determination, or a resident's or program participant's termination of assistance determination, occurred because of their disability. This knowledge may be acquired during an informal review for applicants or during an informal hearing for residents or program participants. This section addresses this issue.

If an applicant, resident or program participant has a history of behavior or displays behavior that may result in a violation of the PHCD Lease or in violation of program regulations or policies, the PHCD Tenant Selection Supervisor (Supervisor), Regional Manager or other designated employee may make an initial determination that the applicant is ineligible or that the resident or program participant should be terminated.

The notices of ineligibility (for applicants) or termination of assistance (for residents and program participants) inform applicants of their right to request an informal review or residents and program participants of their right to an informal hearing.

During the informal review or hearing, if the applicant, resident or program participant informs the Hearing Officer that a requested reasonable accommodation may enable the applicant to become lease compliant, the Hearing Officer will forward the reasonable accommodation request to the ADA Coordinator and continue the informal review until the ADA Coordinator renders their determination.

Applicants may appeal the ADA Coordinator's determination according to the processes described in the Reasonable Accommodation Grievance and Appeals section.

Disability-Related Activities and Reasonable Accommodations Unique to the Section 8 Program:

PHCD will do or allow the following:

1. PHCD will encourage participation in the Section 8 Voucher program by owners, including encouragement of participation by owners having accessible units.
2. The PHCD Section 8 Contract and Leasing Specialist (Specialist) or designee will furnish a current listing of available accessible units known to PHCD to all families that include a person with a disability and, if necessary, otherwise assist the family in locating an available accessible dwelling unit in an accessible environment, to the extent feasible.
3. The Specialist or designee will take into account the special problem of ability to locate an accessible unit in an accessible environment when considering requests by eligible individuals with disabilities for extensions of Section 8 Vouchers.
4. The Specialist or designee will allow Section 8 Voucher holders to request a reasonable accommodation, in the form of an extension of the issued Voucher beyond 120 days, by following the standard reasonable accommodation request procedure. Approvals of voucher term extensions beyond 120 must be consistent with the Admin Plan.
5. PHCD may, if necessary as a reasonable accommodation for an individual with a disability, approve a family's request for an exception payment standard amount under the Housing Choice Voucher Program so that the program is readily accessible to and usable by individuals with disabilities. See 24 C.F.R. §§ 8.28 and 982.504(b)(2).
6. Upon request by an applicant, participant, or their representative, PHCD will ask the HUD Field Office for an exception payment standard up to 120% of the Fair Market Rent (FMR). However, the applicant, participant or the representative, must provide documentation of the need for the exception payment standard to PHCD.

7. In exceptional cases, PHCD may ask the Assistant Secretary for Public and Indian Housing of HUD for an exception payment standard amount over 120% of the FMR, provided the applicant, participant or the representative provides the appropriate supporting documentation.
8. Upon request, the Supervisor or designee may allow a higher utility allowance as reasonable accommodation for a person with disabilities, if appropriate.
9. The Supervisor or designee shall deny participation of units when the owner is the parent, child, grandparent, grandchild, sister or brother of any member of the participant family, unless the Supervisor or designee determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities. The process by which a participant family may request such accommodation is described on pages 11 through 15. All initial recommendations to deny reasonable accommodation requests must be reviewed by the ADA Coordinator for final determination.
10. Annual recertifications shall be conducted at the offices of the PHCD Private Rental Housing Division. If a housing program participant is unable to come to the office for the recertification due to disability, the Supervisor or designee may allow, on a case-by-case basis, and at the request of the program participant, the program participant to be reexamined either by mail or by an at-home visit.
11. The Supervisor or designee will take into consideration the interests of persons who are disabled in making decisions as to which family member shall assume the application if the family divides.
12. Permitting requests for extensions of Section 8 Vouchers may be allowed if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family.

PHCD PUBLIC HOUSING ASSISTIVE ANIMAL POLICY:

Assistive animals are also referred to as service animals, support animals or therapeutic animals. They give assistance to persons with disabilities and are necessary as a reasonable accommodation.

Animals **do not** have to be trained to be assistive animals. An animal not trained to be an assistive animal, yet prescribed to provide emotional support to improve a person's symptoms caused by chronic mental illness, is also an example of an assistive animal. In addition, a seeing-eye dog or a dog trained to assist a hearing impaired person would also be examples of assistive animals.

PHCD will not charge a pet deposit for an assistive animal kept in accordance with all PHCD policies and housed in a development or building owned by Miami-Dade County and administrated by PHCD. All residents are, however, responsible for reimbursing the appropriate parties should their assistive animal cause damage to the unit, the common areas and elements or to any other the property of the residents in a development or building owned by Miami-Dade County and administrated by PHCD, including but not limited to the property occupied by other residents of the public housing development or other property owned by Miami-Dade County and administrated by PHCD.

PHCD will also not apply its animal weight policy or any other policy which will unreasonably deny a disabled applicant, resident or program participant, who requires an assistive animal, the full use and enjoyment of their dwelling or the common areas.

The PHCD Regional Manager or designee will use the following steps when considering a request for an assistive animal as a reasonable accommodation:

1. Public housing applicants who have received public housing offers, and public housing residents may use the *Reasonable Accommodation* form to request an assistive animal as a reasonable accommodation.
2. Public housing applicants who have received public housing offers, and public housing residents use the *Reasonable Accommodation Verification* to obtain verification that the person for whom the assistive animal is requested is a person with a disability as defined in Section 504, the ADA and the Fair Housing Act regulations and that the requested animal is needed to assist with the disability.
3. Refer to the information in the section entitled "Making a Reasonable Accommodation Request" on pages 11 through 15 of these policies and procedures for the steps in processing these and other reasonable accommodation requests.
4. Compliance with the assistive animal policies will be required to the extent feasible without violating the individual's rights to have an assistive animal.
5. The assistive animal owner shall be responsible for the animal's care and the animal must be kept according to PHCD's Lease and Community Policies.
6. If the animal or its care subsequently poses a public health problem or results in a lease violation, the problem will be addressed, under the terms of the PHCD Lease and Community Policies. In such a case, the PHCD AMP administrator or designee may send the resident a Notice of Lease Violation.

SECTION 8 ASSISTIVE ANIMAL POLICY:

Section 8 owners are required to comply with all applicable federal, state and local laws that protect the rights of the disabled. Accordingly, where Section 8 tenants require assistive animals as a reasonable accommodation, Section 8 owners may not require the owners of assistive animals to pay pet deposits, neuter their animals, or adhere to limits on the weight, size, and number of assistive animals.

LIVE-IN AIDES:

A live-in aide is a person eighteen (18) years of age or older who resides with one or more elderly (at least sixty-two (62) years of age), near-elderly (at least fifty (50) years of age but below sixty-two (62) years of age), or disabled (see the definition of a person with disabilities on page 4) person(s) and who is determined to be essential to the care and well-being of the person; is not obligated for the support of the person; and would not be living in the unit except to provide the necessary supportive services. A relative may be considered a live-in aide, but must meet all the criteria listed herein. Persons with children or spouses may, on a case-by-case basis, be allowed to serve as Live-in Aides.

Requests for live-in aides are subject to the foregoing policies. The two forms discussed below replace the Reasonable Accommodation Request and Reasonable Accommodation Verification forms (respectively) for purposes of requesting a live-in aide as a reasonable accommodation.

1. The *Live-in Aide Agreement* is the form on which:
 - a. The head of household shall request the live-in aide. The requestor may make this request for themselves, or for a household member.
 - b. The requestor provides the designated employee with information related to the request and the live-in aide.
 - c. The requestor shall provide the designated employee with the name and contact information of the verification source from whom the requestor is obtaining verifications and other information essential for obtaining a live-in aide.
2. The *Live-in Aide Verification* is the form on which:
 - a. The verification source verifies that the person for whom the Live-in Aide is being requested qualifies for, and requires, the live-in aide. The verification source must also verify that the live-in aide is qualified to provide the appropriate services to the household member.

The designated employee faxes the *Live-in Aide Verification* form to the verification source to help ensure the form is filled out by the designated verification source.

The designated employee may approve a written request for a live-in aide upon receipt of verification documentation including, but not limited to, completed *Live-in Aide Agreement* and *Live-in Aide Verification* forms. If the designated employee approves, or the ADA Coordinator denies, the request for a live-in aide, they will inform the requestor by means of the Approval/Denial of Reasonable Accommodation Request form.

The live-in aide may live in the unit solely to care for the family member and qualifies for occupancy only for as long as the individual requires the supportive services and is living in the unit. PHCD shall deny occupancy of the unit to the live-in aide after the tenant, resident or program participant, for whatever reason, is no longer living in the unit.

A relative may be considered as a live-in aide but must meet all the criteria outlined in this section and must be qualified to provide care for the family member. The tenant and the live-in aide shall acknowledge that the live-in aide does not have any right to the unit and does not

qualify for continued occupancy as a remaining family member by signing the *Live-in Aide Agreement* (which shall become an addendum to the tenant's/resident's lease).

The ADA Coordinator may deny the live-in aide request of a person who does not meet the admission criteria described in the Admin Plan and the ACOP. The process by which applicants, residents and Section 8 program participants may appeal a denial of a live-in aide request, or any other adverse decisions related to disabilities, is described in the Reasonable Accommodation Grievances and Appeals section.

TRANSFERS:

The reasonable accommodation policies mentioned throughout this document apply to transfers based on a request for reasonable accommodation. Transfers based on a request for reasonable accommodation in Section 8 Moderate Rehabilitation and Public Housing programs shall be documented in the same manner (as indicated throughout this policy) as other reasonable accommodation requests are documented (e.g. a *Reasonable Accommodation Request* form must be filled out). The only additional requirement is that, in addition to the aforementioned, the Public Housing requestor must complete and submit a Request for Transfer form.

In Public Housing, PHCD shall not require, or recommend as an alternative, that a resident with a disability must accept a transfer instead of providing some other reasonable accommodation. However, if a public housing resident with a disability requests dwelling unit modifications that involve structural changes, including, but not limited to widening entrances, rooms, or hallways, and there is a vacant, comparable, appropriately-sized UFAS-compliant unit in that resident's development, an adjacent development, or a development to which the resident has expressed a willingness to move, PHCD may offer to transfer the resident to the vacant unit in their development or adjacent development instead of providing structural modifications. However, if that resident rejects the offered transfer, PHCD shall make modifications to the resident's unit unless doing so would be structurally impracticable or would result in an undue financial and administrative burden or would result in a fundamental alteration to a PHCD program, service or activity. PHCD shall inform applicants, residents and Section 8 program participants whether their transfers, structural modifications, and all other reasonable accommodations are granted by means of the Approval/Denial of Reasonable Accommodation Request form.

If the resident accepts the transfer, PHCD will work with the resident to obtain moving expenses from social service agencies or other similar sources. If that effort to obtain moving expenses is unsuccessful within thirty (30) days of the assignment of the dwelling unit, PHA shall pay the reasonable moving expenses, including utilities fees and deposits. PHCD will select the moving service vendors and disburse payments to them. Nothing contained in this paragraph is intended to modify the terms of PHCD's Tenant and Assignment Plan and any resident's rights hereunder.

FORMER USERS OF ILLEGAL DRUGS:

Under the Fair Housing Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act, a former user of illegal drugs (recovered or now in recovery) is considered to be a person with disabilities and is protected against discriminatory treatment, but persons engaged in current illegal use of controlled substances are not protected.

The term "person with a disability" includes an individual who:

1. Has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs, or has otherwise been rehabilitated successfully and is no longer engaging in such use;
2. Is participating in a supervised rehabilitation program and is no longer engaging in such use; or
3. Is erroneously regarded as engaging in such use, but is not engaging in such use.

Anti-discrimination laws protect individuals who have a history of illegal use of a controlled substance or addiction and do not engage in the current illegal use of a controlled substance if they can otherwise meet the definition of a person with a disability.

When an individual claims recovery, the designated employee will require the person to present evidence of recovery from a qualified, neutral third party. The designated employee may require a family member who has engaged in the illegal use of drugs to present evidence of successful completion of a treatment program as a condition to being allowed to reside in a unit owned and managed by PHCD or as a condition to being allowed to participate in other PHCD housing programs. If it is determined that the individual "has recovered or is in recovery" and is thus a "person with a disability," the designated employee will consider requests for reasonable accommodations.

The designated employee will require the individual to provide documentation that would convince a reasonable person that the applicant/resident is not a current user of illegal drugs.

Documentation that an applicant/resident/program participant is not a current user of illegal drugs could include:

1. Verification from a reliable drug treatment counselor or program administrator, or other party acceptable to the designated employee, indicating:
 - a. that the applicant/resident/program participant is/has been in treatment;
 - b. that there is a reasonable probability of success in refraining from the use of illegal drugs;
 - c. that the applicant/resident/program participant is complying/has complied with the requirements of the treatment program; that the applicant/resident/program participant is not currently a user of illegal drugs; and
 - d. the period of time the applicant/resident/program participant has not been using drugs (this verification may include documentation of the results of urinalyses over a period of time); and/or
2. Verification from a probation or parole officer:

- a. that the applicant/resident/program participant has met or is meeting the terms of probation or parole;
 - b. is not currently a user of illegal drugs;
 - c. and for what period of time the applicant/resident/program participant has not been using illegal drugs (this verification may include documentation of the results of urinalyses over a period of time); and/or
3. Verification from a third party/parties, indicating:
- a. that the applicant/resident/program participant is not currently using illegal drugs and
 - b. for what period of time the applicant/resident/program participant has not been using illegal drugs;
4. Description of the relationship between the third party/parties and the applicant/resident/program participant (verifications will not be accepted from the applicant's/resident's relatives); and
5. Description of how the third party/parties know(s) the status of whether the applicant/resident/program participant is currently using illegal drugs.

When an applicant/resident/program participant has a history of drug rehabilitation/treatment followed by recidivism, or is currently in treatment (as opposed to having completed treatment), more documentation may be necessary to convince a reasonable person that the applicant/resident/program participant is not a current user of illegal drugs.

The applicant/resident/program participant may be required to show in what ways:

1. Their current situation, and
2. Their claim to be a former illegal user of a controlled substance, and
3. Their claim to be able to comply with the essential terms of the PHCD Lease or other housing program requirements is different from previously unsuccessful efforts to stop illegally using a controlled substance.

In all situations in which an applicant/resident claims to be a person with a disability due to former illegal drug use, the designated employee will determine the reliability and validity of information/verifications provided with the request for reasonable accommodation. The designated PHCD employee will make a determination approving or denying the reasonable accommodation request and a determination of eligibility for housing assistance accordingly.

ALCOHOLISM:

PHCD will not discriminate against any person solely because of a disability of alcoholism. The designated employee will, however, deny admission to an applicant, terminate assistance to a participant or terminate the tenancy of a resident, who PHCD has reasonable cause to believe will behave in a manner that will interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents, other tenants, or PHCD personnel. The term “reasonable cause to believe” shall be determined on a case-by-case analysis. PHCD may evaluate whether a person poses – or would pose – a direct threat to the health or safety of others.

PHCD will make determinations of direct threat based on the following guidelines described in the following statement from the May 17, 2004 *Joint Statement of the Department of Housing and Urban Development and the Department of Justice, Reasonable Accommodations Under the Fair Housing Act*:

A determination that an individual poses a direct threat must rely on an individualized assessment that is based on reliable objective evidence (e.g., current conduct, or a recent history of overt acts). The assessment must consider: (1) the nature, duration, and severity of the risk of injury; (2) the probability that injury will actually occur; and (3) whether there are any reasonable accommodations that will eliminate the direct threat. Consequently, in evaluating a recent history of overt acts, a provider must take into account whether the individual has received intervening treatment or medication that has eliminated the direct threat (*i.e.*, a significant risk of substantial harm). In such a situation, the provider may request that the individual document how the circumstances have changed so that he no longer poses a direct threat. A provider may also obtain satisfactory assurances that the individual will not pose a direct threat during the tenancy. The housing provider must have reliable, objective evidence that a person with a disability poses a direct threat before excluding him from housing on that basis.

PHCD will apply the same standard of performance and behavior to an individual with alcoholism as it applies to others. If any unsatisfactory performance or behavior is related to the disability of an applicant/resident/program participant, the behavioral manifestations of the condition may be taken into consideration in determining whether the applicant/resident/program participant is qualified. If unable to meet the tenancy requirements, the applicant/resident/program participant may be denied housing on that basis, provided any request for reasonable accommodation has been considered. The process by which applicants, residents and Section 8 program participants may appeal a denial of housing or program participation, or any other adverse decisions related to disabilities, is described in the Reasonable Accommodation Grievances and Appeals section.

EMERGENCY EVACUATION:

This section only applies to the PHCD Public Housing program.

Public Housing program applicants (who have received public housing offers) and residents with disabilities must ultimately be responsible for their own safety. Thus, they may choose not to live above the ground floor because of possible inability to escape a fire. They must, however, be allowed to decide whether living in an upper-floor dwelling unit outweighs whatever safety concerns may exist.

At move-in orientation and during recertification, the AMP administrator or designee informs Public Housing program residents that with their consent, the AMP administrator will provide information to the fire and police departments that identifies residents who will have special needs in case of an emergency evacuation. The AMP administrator will only share this information with these parties if consent is given.

The AMP administrator or designee will provide each resident with a copy of the *Release of Disability-Related Special Needs in Case of Emergency Evacuation* (Release) form at move-in and recertification. The AMP administrator will maintain these forms confidentially in the Site Office files. These forms will also be maintained confidentially at the Regional Offices in case the Site Offices are inaccessible due to an emergency.

In emergency situations, and only insofar as is reasonably feasible, AMP administrators or designees will inform fire and/or police departments as to which residents have special emergency evacuations needs.

Buildings with more than four units or with units above the first floor shall have evacuation plans identifying escape routes and procedures to be followed in case of emergency, including procedures for notifying persons who are deaf or blind and for evacuating persons who cannot climb stairs or may be disoriented. It is recommended that the evacuation plan be worked out with the local fire department.

OTHER PUBLIC HOUSING AND COMMUNITY DEVELOPMENT PROGRAMS AND SERVICES:

PHCD administers a number of programs and services (e.g. various programs for home repair/improvement loans, home purchasing loans, construction loans, etc.) in addition to those previously mentioned in this policy. PHCD will endeavor to ensure any person with disabilities who requests reasonable accommodation related to any PHCD programs and/or services are provided all such accommodations as is their right under federal, state, and local laws and regulations.

MIAMI-DADE COUNTY ADA GRIEVANCE PROCESS:

Should PHCD applicants, residents or program participants choose, they may follow the grievance process outlined in Attachment Three of Miami-Dade County Administrative Order Number 10-10 (see Appendix, *Miami-Dade Grievance Process, Americans with Disabilities Act of 1990*) instead of the process described in the “Reasonable Accommodation Grievances and Appeals” section of the PHCD Reasonable Accommodation Policies and Procedures. The Miami-Dade County grievance process serves “...as the County’s mechanism to respond to complaints of discrimination on the basis of a disability in County programs and services under the Americans with Disabilities Act of 1990 (ADA).”

ACKNOWLEDGEMENTS:

PHCD wishes to acknowledge the assistance of the United States Department of Housing and Urban Development; the Housing Authority and Community Services Agency of Lane County (HACSA), Springfield, Oregon; the Massachusetts Department of Housing and Community Development; the Miami-Dade County Attorney's Office and the Miami-Dade County Office of ADA Coordination, whose contributions were instrumental to the creation of this policy.

Resource materials used as guidance in developing this policy and responding to reasonable accommodation requests and issues include:

- The Fair Housing Amendments Act
- Americans With Disabilities Act, Title II Technical Assistance Manual
- Section 504 of the Rehabilitation Act of 1973
- Policy On Reasonable Accommodation for the Housing Authority and Community Services Agency of Lane County (HACSA) , Springfield, Oregon
- Forms developed by the Massachusetts Department of Housing and Community Development
- May 17, 2004 Joint Statement of the Department of Housing and Urban Development and the Department of Justice, Reasonable Accommodations Under the Fair Housing Act

Forms included:

1. Notice of Nondiscrimination on the Basis of Disability
2. Notice of Right to a Reasonable Accommodation
3. Reasonable Accommodation Request and Examples of Reasonable Accommodations
4. Reasonable Accommodation Verification
5. Live-in Aide Agreement
6. Live-in Aide Verification
7. Auxiliary Aids Request
8. Authorization for Release of Information
9. Letter to an Applicant, Resident or Program Participant for a Meeting About Reasonable Accommodation
10. Request for More Information or Verification Regarding a Reasonable Accommodation Request
11. Letter to Verification Source for a Reasonable Accommodation Request
12. Approval/Denial of Reasonable Accommodation Request
13. Release of Disability-Related Special Needs in Case of Emergency Evacuation
14. Reasonable Accommodation Script
15. Acknowledgement of Receipt of Reasonable Accommodation Documents
16. Reasonable Accommodation Information
17. Miami-Dade Grievance Process, Americans with Disabilities Act of 1990

**MIAMI-DADE PUBLIC HOUSING AGENCY PUBLIC HOUSING AND COMMUNITY
DEVELOPMENT
NOTICE OF NONDISCRIMINATION ON THE BASIS OF DISABILITY**

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD) does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities.

PHCD's ADA Coordinator, has been designated to coordinate compliance with the non-discrimination requirements of Section 504 of the Rehabilitation Act of 1973,(Section 504), the Americans with Disabilities Act (ADA), the Federal, State and local Fair Housing Acts, the United States Department of Housing and Urban Development Section 504 and Fair Housing Act Regulations, and the ADA regulations implemented by the United States Equal Employment Opportunity Commission and the United States Department of Justice.

ADA Coordinator contact information is as follows:

Office address: 701 NW 1 Court, 16th Floor, Miami, Florida 33136

Phone: (786) 469-2155

Fax: (786) 469-4151

Florida Relay Service: (800) 955-8771 (TDD/TTY)

Applicant, Tenant, or Program Participant's Signature

Date

Applicant, Tenant, or Program Participant's Name *

Client Number

IN THE PRESENCE OF:

Designated PHCD Employee's Signature

Date

Designated PHCD Employee's Name

Designated PHCD Employee's Job Title

This material is available in an accessible format upon request. Please call the, ADA Coordinator at (786) 469-4229.

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT NOTICE OF RIGHT TO A REASONABLE ACCOMMODATION

If you have a disability and as a result of your disability you need . . .

- a change in the rules or policies or how PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD) does things that would give you an equal chance to live here and use the facilities or take part in programs or services on site,
- a change, repair, or special feature in a dwelling that would give you an equal chance to live in the dwelling and use the facilities at the dwelling site or take part in programs on site,
- a change, repair or special feature at some other area of a PHCD building or property that would give you an equal chance to live here and use the facilities or take part in PHCD programs,
- a change in the way PHCD communicates with you or gives you information.

You may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

PHCD will give you an answer within sixty (60) business days of the Applicant Leasing Center Tenant Selection Supervisor, Public Housing Regional Manager, or Section 8 Tenant Selection Supervisor's receipt of the acceptably completed Request and Verification Forms via the *Approval/Denial of Reasonable Accommodation Request* form.

PHCD will let you know if additional information or verification is needed, or if there are other ways to meet your needs.

If PHCD turns down your request, PHCD will explain the reasons, and you can provide more information if you think that will help.

If you need help filling out a *Reasonable Accommodation Request Form* or if you want to give PHCD your request in some other way, PHCD will help you.

NOTE: To the greatest extent allowable by law, 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.

This material is available in an accessible format upon request. Please call the ADA Coordinator at (786) 469-2155 (phone).

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
REASONABLE ACCOMMODATION REQUEST**

Head of Household: _____ Phone: (____) _____
(PRINT NAME)

Requestor: _____
(PERSON REQUESTING REASONABLE ACCOMMODATION IF OTHER THAN HEAD OF HOUSEHOLD, PRINT NAME)

Address: _____ Client #: _____

Signature: _____
(Head of Household, Other Requestor, or Authorized Representative of Requestor)

A disability is defined, in part, 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.

A Public Housing resident may request a change in their current unit or a transfer to a unit that has already been changed (in the resident's development or another development). An applicant, resident, or program participant may request assistance with, or change in, a PHCD practice, rule, policy, procedure, program or service.

PHCD will work with the applicant, resident or program participant to determine how to provide the reasonable accommodation request. PHCD may require documentation to support the reasonable accommodation request(s).

1. The following is the name of the household member with a disability who needs a reasonable accommodation:

Name: _____

2. Because of the above household member's disability, the following change(s) or assistance (reasonable accommodation) is necessary so that the individual can participate in a PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD) housing assistance program as easily or successfully as other program participants. Check the kind of change(s) you need.

A change or special feature in a PHCD dwelling, building or property. Note: If you are a Section 8 program participant, you must make these kinds of requests to your landlord.

Assistance with, or change in, a PHCD practice, rule, policy, procedure, program or service.

3. Describe the problem that the household member named in item 1 is having, or might have, with a PHCD dwelling, building, property, practice, rule, policy, procedure, program or service:

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
REASONABLE ACCOMMODATION REQUEST**

4. Describe the type of change or assistance (reasonable accommodation) required:

5. Describe how this change or assistance will help with the problem:

6. Indicate the verification source PHCD may contact to verify that the household member named in item 1 has a disability and needs a reasonable accommodation.

Name: _____

Address: _____

Telephone Number: (____) _____

Note: Individuals may obtain a copy of the PHCD Reasonable Accommodation Policies and Procedures, upon request, from Applicant Leasing Center Eligibility Interviewers, Public Housing AMP administrators, Section 8 Leasing and Contract Specialists, and PHCD's ADA Coordinator. You may also get additional copies of this request form from the ADA Coordinator:

ADA Coordinator
701 NW 1 Court, 16th Floor Miami, Florida 33136
(786) 469-2155 phone
(786) 469-4151 fax
Florida Relay Service: (800) 955-8771 (TDD/TTY)

This material is available in an accessible format upon request. Please call the ADA Coordinator at (786) 469-2155 (phone).

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT REASONABLE ACCOMMODATION REQUEST

EXAMPLES OF REASONABLE ACCOMMODATIONS

The following list of reasonable accommodation methods are examples that may constitute reasonable accommodations for individual PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD) applicants, residents, and program participants. These accommodations may not necessarily be “reasonable” for all individuals. In addition, each accommodation may not be available to every applicant, resident in every unit and/or in every development, and program participants.

Examples of Modifications Which Constitute A Reasonable Accommodation

Section 504 states that the design, construction or alteration of buildings in conformance with §§ 3-8 of the Uniform Federal Accessibility Standards (UFAS), Appendix A to 24 C.F.R. § 40, shall be deemed to comply with the requirements of 24 C.F.R. §§ 8.21; 8.22; 8.23 and 8.25. However, the UFAS citations noted below are provided as a reference to assist in providing a reasonable accommodation and are not intended to govern every request for a modification. In order to meet the individual’s specific disability-related need(s), PHCD may need to deviate from the UFAS. In addition, the reference to a UFAS section does not require all elements in that section to be made accessible. Rather, only the specific reasonable accommodation item requested is required to be accessible per the needs of the individual requesting the reasonable accommodation.

However, some modifications may not be structurally feasible in all units or all developments; in addition, some modifications may represent an undue financial and administrative burden. In such situations, the requirement to provide a reasonable accommodation is not alleviated, but must be provided by some other means such as transferring a family with a disabled member to a unit/development where the reasonable accommodation can be provided. Nevertheless, PHCD will work with each qualified resident with a disability who requests a reasonable accommodation in order to identify a reasonable, effective and appropriate accommodation.

Common Areas⁵ -

- Add edge protection to ramps and ramp landings with drop-offs
- Widen doors
- Provide accessible, lever-type door hardware
- Re-hang door to lay flat against a wall when opened
- Re-hang door to swing outward instead of into the accessible space
- Provide accessible or adjustable closet rods and shelves
- Provide lever faucets in public restrooms
- Provide grab bars in public restrooms
- Provide accessible toilets in public restrooms
- Lower mirrors in public restrooms
- Provide extra electrical outlets for TDD/TTY equipment
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments

⁵ Common Areas include, but are not limited to: PHA offices, including management and regional offices; private management company offices; community room; senior center; meeting room; mail room; laundry room; trash disposal; and, day care facilities.

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT REASONABLE ACCOMMODATION REQUEST

- Provide visual alarms for individuals who are deaf or hard of hearing
- Provide accessible cabinets and countertops in public kitchens
- Provide accessible appliances [i.e., refrigerator, oven, stove] in public kitchens

Elevators⁶ -

- Elevators shall be located on an accessible route
- Residential or fully enclosed wheelchair lifts may be used, when appropriate, and when approved by local administrative authorities. See UFAS §§ 4.10.1; 4.11

Building Entrances and Accessible Routes⁷ -

- Accessible signage;
- Add edge protection to ramps and ramp landings with drop-offs
- Widen doors
- Provide accessible, lever-type door hardware
- Re-hang door to lay flat against a wall when opened
- Re-hang door to swing outward instead of into the accessible space
- Add or adjust door closures
- Provide lever faucets in public restrooms
- Provide grab bars in public restrooms
- Provide accessible toilets in public restrooms
- Lower mirrors in public restrooms
- Provide extra electrical outlets for TDD/TTY equipment
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Provide visual alarms for individuals who are deaf or hard of hearing
- Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments
- Provide an accessible route into a building

² Accessible elevators shall be on an accessible route and shall comply with UFAS § 4.10 and with the American National Standard Safety Code for Elevators, Dumbwaiters, Escalators and Moving Walks, ANSI A17.1-1978 and A17.1a-1979. See UFAS § 4.10; Figures 20, 22 and 23. An “accessible route” is a continuous, unobstructed UFAS-compliant path as prescribed in 24 C.F.R. §§ 8.3 and 8.32 and UFAS § 4.3.

³ At least one (1) accessible route complying with UFAS § 4.3 shall be provided within the boundary of the site from public transportation stops, accessible parking spaces, passenger loading zones, if provided, and public streets or sidewalks to an accessible building entrance. See UFAS §§ 4.1.1(1); 4.3. In addition, UFAS requires that at least one (1) accessible route complying with UFAS § 4.3 shall connect accessible building or facility entrances with all accessible spaces and elements within the building or facility. See UFAS §§ 4.1.2(1); 4.3.

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT REASONABLE ACCOMMODATION REQUEST

Trash Disposal Facilities –

- Provide accessible route into and through trash disposal facilities; or, provide an equally-effective accommodation such as personal trash disposal by housing staff

Laundry Facilities -

- Provide accessible route into and through common-use laundry facilities. Provide at least one (1) front loading washer and one (1) front-loading dryer in public-use laundry facilities⁸; or, provide an equally effective accommodation such as the provision of a front-loading washer and dryer in resident's unit; or, provision of laundry services at PHA's expense

Mail Delivery/Mail Boxes -

- Provide accessible route into and through mail boxes/mail facilities. Provide mailbox at lower height, upon request; or, provide equally effective accommodation such as home delivery.⁹

Apartment Entrance and Interior Doors –

- Widen doors
- Provide accessible, lever-type door hardware
- Re-hang door to lay flat against a wall when opened
- Re-hang door to swing outward instead of into the accessible space
- Add or adjust door closure speed
- Adjust door opening force required for pushing/pulling the door
- Provide lower peep holes or “telescoped” peep holes
- Provide a visual door knocker for individuals with hearing impairments
- Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments
- Provide ramp from accessible route to accessible entrance into unit

⁴ If laundry equipment is provided within individual dwelling units, or if separate laundry facilities serve one or more accessible dwelling units, then they shall meet the requirements of UFAS §§ 4.34.71 through 4.34.7.3.

⁵ “Cluster boxes”, common in multi-family housing developments, are routinely placed in sequential order. However, if a customer is unable to access their mailbox due to a disability, the customer may submit a request under the U.S. Postal Service’s “Hardship Clause” and request the relocation of the mailbox to a lower, accessible level. According to § 631.42 of the U.S. Postal Service “Postal Operations Manual”, the customer submits the “Hardship Clause” request directly to their postal delivery person; the delivery person then submits the request to their manager. The manager evaluates the individual request and takes appropriate action. If the postal service is unable to relocate the mailbox, the postal service may provide an alternate accommodation such as door delivery.

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT REASONABLE ACCOMMODATION REQUEST

Apartment Light Switches & Electrical Outlets -

- Lower electrical switches and/or raise electrical outlets¹⁰
- Provide extra electrical outlets for TDD/TTY equipment or other equipment utilized by individuals with disabilities
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Lower thermostat controls
- Lower circuit breakers, when located in unit

Apartment Interior -

- Provide extra electrical outlets for TDD/TTY equipment or other equipment utilized by individuals with disabilities
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Provide visual and audible alarms for individuals who are deaf or hard of hearing; and, provide visual alarms in each room of unit¹¹
- Provide windows which requires five pounds or less of opening force; provide crank type opening mechanism with large levers, when feasible
- Provide accessible storage spaces, including lowering clothes rods and/or adjustable closet shelves. Accessible storage spaces shall comply with UFAS § 4.25; Fig. 38

Apartment Kitchens¹² -

- Lower kitchen sink
- Provide lever type hardware on kitchen faucet
- Provide accessible kitchen cabinets; provide accessible hardware on kitchen cabinets
- Provide accessible kitchen counters and work space

If the following items are provided to non-disabled residents in a development:

- Provide accessible refrigerators. See UFAS § 4.34.6.8
- Provide accessible ovens. See UFAS § 4.34.6.7
- Provide accessible dishwashers. See UFAS § 4.34.6.9

¹⁰ The highest operable part of all controls, dispensers, receptacles, and other operable equipment shall be placed within at least one of the reach ranges specified in §§ 4.2.5 and 4.2.6. Except where the use of special equipment dictates otherwise, electrical and communications system receptacles on walls shall be mounted no less than 15" above the finish floor. See UFAS § 4.27.3

¹¹ If emergency warning systems are provided, they shall include both audible alarms complying with UFAS § 4.28.2 and visual alarms complying with UFAS § 4.28.3. See UFAS § 4.1.2 (13)

¹² Accessible or adaptable kitchens and their components shall be on an accessible route and shall comply with the requirements of UFAS § 4.34.6. However, the PHA will not be required to make all elements of the kitchen accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible kitchen elements.

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT REASONABLE ACCOMMODATION REQUEST

Apartment Bathrooms¹³ -

- Provide wider door
- Provide lever type hardware on lavatory faucet
- Lower wash basin
- Lower mirror
- Provide accessible toilet
- Relocate toilet paper dispenser
- Provide grab bars at toilet
- Provide grab bars at bathtub and/or shower
- Provide seat in bathtub or shower
- Provide hand-held shower device
- Relocate bathtub and/or shower controls
- Provide roll-in shower or shower/bathtub seat

Examples of Non-structural Reasonable Accommodations

- Offering documents in accessible formats (e.g., large type, computer disk or Braille) and in plain language.
- Permitting rent payments and required communications to be mailed rather than delivered in person.
- Providing another housing offer if an applicant, resident or program participant can demonstrate good cause that the rejection of the initial housing offer, for example, was because of the disability of an applicant, resident or program participant's household member.
- Providing auxiliary aids, such as pencil and paper for those with speech difficulties, Telecommunication Device for the Deaf (TDD), Assisted Listening Device (ALD), a qualified sign language interpreter, or a reader, when necessary for effective communication between PHCD and an applicant, resident or program participant.
- Sending mail or making phone calls to a person designated as a contact person by the person with disabilities.
- Allowing the use of assistive animals.
- Allowing a live-in aide to reside in an appropriately-sized dwelling unit.
- Permitting an outside agency or family member to assist an applicant, resident or program participant in meeting screening criteria or meeting essential lease obligations.

¹³ Accessible or adaptable bathrooms shall be on an accessible route and shall comply with UFAS § 4.34.5. However, the PHA will not be required to make all elements of the bathroom accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible bathroom elements.

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
REASONABLE ACCOMMODATION VERIFICATION**

Head of Household: _____ Client No: _____

Re: Reasonable Accommodation Request

For: _____ Telephone: (____) _____
(PRINT NAME OF HOUSEHOLD MEMBER FOR WHOM THE REQUEST IS BEING MADE)

PLEASE RETURN TO: _____
(Name of PHCD Employee)

(Address of PHCD Employee) (Phone/Fax of Employee)

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE DESIGNATED VERIFICATION SOURCE:

1. The individual seeking an accommodation is a person with a disability according to the following definition: *“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.*

[] YES [] NO

2. Describe the problem(s) that the person is having with the PHCD dwelling, building, property, practice, rule, policy, procedure, program or service:

3. Describe the type of change(s), feature(s) or assistance required:

4. Using the checklist on page 2 of 2, indicate the functional limitation(s) (i.e. the way major life activities are substantially limited) of the person for whom the accommodation is requested.

5. Please describe the relation between the person’s functional limitation(s) and the requested accommodation. Do not provide unnecessary details about the medical history or disabled status of the person seeking an accommodation.

Name of Verification Source: _____
(PRINT NAME OF HEALTH CARE PROVIDER)

Signature: _____ Date: ____/____/____

Title of Verification Source: _____

Address: _____

Telephone: _____ Fax: _____

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
REASONABLE ACCOMMODATION VERIFICATION**

CLIENT'S NAME: _____ **CLIENT #:** _____
Last First

TYPE OF MAJOR LIFE ACTIVITIES <i>(Check applicable)</i>	DISABILITY STATUS D= Disabled* (or) ND= Not Disabled <i>(Enter D or ND as applicable)</i>
<input type="checkbox"/> Walking	
<input type="checkbox"/> Standing	
<input type="checkbox"/> Climbing	
<input type="checkbox"/> Bending	
<input type="checkbox"/> Stooping	
<input type="checkbox"/> Kneeling	
<input type="checkbox"/> Use of Hands	
<input type="checkbox"/> Reaching	
<input type="checkbox"/> Self Care	
<input type="checkbox"/> Speaking	
<input type="checkbox"/> Breathing	
<input type="checkbox"/> Seeing	
<input type="checkbox"/> Hearing	
<input type="checkbox"/> Lifting	
<input type="checkbox"/> Intelligence (a person's capacity for understanding)	
<input type="checkbox"/> Thinking (the ability to form or conceive in the mind)	
<input type="checkbox"/> Perception (the brain's interpretation of internal and external stimuli)	
<input type="checkbox"/> Judgment (the ability to assess a given situation and act appropriately)	
<input type="checkbox"/> Mood (emotional tone underlying the behavior)	
<input type="checkbox"/> Behavior (specifically examining behavior that is disruptive, distressing or aggressive)	
<input type="checkbox"/> Other (Please Specify in non-technical terms that simply describe what the client cannot do or has difficulty doing)	
HEALTH CARE PROVIDER / VERIFICATION SOURCE INFORMATION TELEPHONE NUMBER (____) _____	PRINT NAME: _____ SIGNATURE: _____ DATE ___ / ___ / ___
NOTES (use additional sheet if necessary):	

"Disability" is defined as a physical or mental impairment that substantially limits one or more major life activities.

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
LIVE-IN AIDE AGREEMENT**

Client Number: _____

I, _____, residing at _____
(Print Head of Household's (HOH) Name) *(Print Address)*

request PUBLIC HOUSING AND COMMUNITY DEVELOPMENT's (PHCD) approval for live-in-aide services provided by _____, Social Security Number _____,
(Print Live-in Aide's Name)

Date of birth: ___/___/___

The household member requiring Live-In Aide assistance is _____.
(Print Household Member's Name)

The live-in-aide is a person who resides with one or more elderly persons (at least 62 years of age), or near elderly persons (at least 50 years of age but below the age of 62) or persons with disabilities (see definition in Live-In Aide Verification form), and who is: (a) 18 years of age or older, (b) is determined to be essential to the care and well-being of the person; (c) is not obligated for the support of the person; and (d) would not be living in the unit except to provide the necessary supportive services.

As a condition to obtaining PHCD's approval, the live-in-aide and the Head of Household hereby acknowledge and agree to the following:

1. Move in of a live-in-aide must not result in overcrowding of the existing unit according to the maximum number of persons per unit standard; although a reasonable accommodation for a resident with a disability may be to move the family to a larger unit. If change in unit size is necessitated by this request, please indicate change in number of bedrooms: from ___ bedrooms, to ___ bedrooms;
2. Live-in aides must meet PHCD's screening requirements. The live-in-aide agrees to provide any information that PHCD deems necessary to conduct a criminal background screening. Permission to reside in the unit as a live-in-aide may be denied based on the results of this screening;
3. Before a live-in-aide may be moved into a unit, a third party verification must be supplied that establishes the need for such care and the fact that the live-in-aide is qualified to provide such care (Live-in Aide Verification form);
4. A live-in-aide is a single person. This agreement does not confer the right for any additional person, other than an approved live-in-aide, to reside in the household. As a reasonable accommodation for a resident with a disability, PHCD may review this provision on case-by-case basis, should this provision conflict with a resident's bona fide right to a live-in-aide;
5. If the household member requiring assistance no longer resides in the unit, the live-in-aide shall not remain on the premises. If the verification source determines that the live-in-aide is no longer essential to the care and well-being of the household member, this agreement will be terminated, and the live-in-aide shall vacate the unit within 14 days after PHCD has given reasonable notice to the household member requiring assistance that the verification source has made such determination;

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
LIVE-IN AIDE AGREEMENT**

6. If the household member requiring assistance passed away, the live-in aide shall vacate the unit within 14 days of said household member's death. If the household member requiring assistance moves out, the live-in-aide shall vacate the unit no later than said household member's departure date. Upon the termination of the live-in-aide's services for any other reason, the live-in-aide shall vacate the unit within 24 hours;
7. The Live-In Aide must be listed as a household member (not part of the family composition, regardless of the relationship) on the resident's lease and shall not violate any provisions of the lease, the Community Policies, or applicable laws. Should such violation occur, PHCD may require the resident to terminate the services of the live-in-aide or face possible termination of the lease;
8. PHCD will consider allowing relative live-in-aides under unusual circumstances and upon approval of the Director or designee. Relatives who satisfy the definitions and stipulations above may qualify as live-in-aides, but by signing this agreement, they acknowledge their understanding that they are relinquishing all rights to the unit as the remaining member of a resident family, or under any other circumstance. If a relative wants to have remaining family status, their income will be considered as part of the family's annual income. In such a case, the relative will be considered an addition to the family composition who is allowed to be added as a reasonable accommodation, (not a live-in aide) as the income of a live-in aide must be excluded.

Head of Household's signature: _____ Date: ___/___/___.

Live-in Aide's signature: _____ Date: ___/___/___.

Name, address and telephone number of company or organization providing the live-in-aide service (if applicable): _____

Name, address, telephone and fax number of verification source who will complete the Live-in Aide Verification form: _____

This material is available in an accessible format upon request. Please call the ADA Coordinator at (786) 469-2155 (phone) - Florida Relay Service at (800) 955-8771 (TDD/TTY).

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
LIVE-IN AIDE VERIFICATION**

NAME: _____ CLIENT #: _____
(Head of household (HOH))

ADDRESS: _____

NAME: _____
(Print name of household member for whom the Live-in Aide is requested)

REQUESTED LIVE-IN AIDE INFORMATION:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

PLEASE RETURN TO: _____

(Name of PHCD Employee)

(Address of PHCD Employee)

(Phone/Fax of Employee)

DEFINITION OF PERSON WITH DISABILITIES

Under federal law, an individual is disabled if they have a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

The HOH named above has applied for, or is a participant in, a housing program provided by PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD). The HOH has requested a Live-in Aide and must obtain verification that the Live-in Aide is needed. Please answer the questions below and return the form to the PHCD employee listed above.

INFORMATION REQUESTED

1. Is the Household Member disabled as defined above? [] YES [] NO
2. Is a live-in aide essential to the care and well-being of the Household Member?
[] YES [] NO If yes, for how long? _____
3. If the response to question # 2 is "Yes", then please explain what the live-in aide would do that is essential to the Household Member's care and well-being.

4. Does the Household Member require a live-in aide on a temporary basis?
[] YES [] NO
5. If the response to question # 4 is "Yes", please provide an estimate of the duration of time (in months and/or years) during which the live-in aide must provide services that are essential to the care and well-being of the Household Member.

6. Using the checklist below, indicate the activities of daily living (ADLs) with which the person requesting a live-in aide requires assistance and with which the live-in aide would provide assistance.

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
LIVE-IN AIDE VERIFICATION**

CHECKLIST: ACTIVITIES OF DAILY LIVING WITH WHICH CLIENT REQUIRES ASSISTANCE	
ACTIVITIES OF DAILY LIVING (ADL) <i>(Check applicable)</i>	CLIENT REQUIRES ASSISTANCE WITH THESE ADLs Y= Yes (or) N= No (Enter Y or N as applicable)
<input type="checkbox"/> Walking	
<input type="checkbox"/> Standing	
<input type="checkbox"/> Sitting	
<input type="checkbox"/> Transfer to/from bed, chair/couch, bathtub and/or shower	
<input type="checkbox"/> Cooking/food preparation	
<input type="checkbox"/> Feeding themselves	
<input type="checkbox"/> Drinking	
<input type="checkbox"/> Shopping	
<input type="checkbox"/> Housecleaning	
<input type="checkbox"/> Laundry	
<input type="checkbox"/> Bathing	
<input type="checkbox"/> Grooming	
<input type="checkbox"/> Dressing (clothes)	
<input type="checkbox"/> Taking medication	
<input type="checkbox"/> Application of wound dressings (changing/applying cloth or adhesive bandages, antiseptics, etc.)	
<input type="checkbox"/> Handling financial matters	
<input type="checkbox"/> Decision-making	
<input type="checkbox"/> Memory	
<input type="checkbox"/> Lifting	
<input type="checkbox"/> Reaching	
<input type="checkbox"/> Other (Please Specify in non-technical terms that simply describe the ADLs with which the client needs assistance)	

STATEMENT OF VERIFICATION SOURCE

I, _____ do hereby certify that the information provided
(Print Name)
above is correct and accurate to the best of my professional knowledge.

(Signature) Date ____/____/____

Title of Verification Source: _____

Address: _____

Telephone: _____ **Fax:** _____

Name of organization or company: _____

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
AUXILIARY AIDS REQUEST**

Date ____/____/____

Head of Household _____
(PRINT NAME)

Address: _____ Client #: _____

Phone: (____) _____

Requestor: _____
(PERSON REQUESTING AUXILIARY AID IF OTHER THAN HEAD OF HOUSEHOLD, PRINT NAME)

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD) takes appropriate steps to ensure effective communication with applicants, beneficiaries, and members of the public.

Auxiliary aids include, but are not limited, to providing the following items or services when necessary for effective communication between PHCD and persons including, but not limited to, PHCD applicants, residents or program participants:

1. A qualified sign language interpreter,
2. Telecommunication Device for the Deaf (TDD),
3. Assisted Listening Device (ALD),
4. A reader,
5. Printed materials in Braille,
6. Printed materials in large print,
7. Audiotape versions of print materials.

PHCD furnishes appropriate auxiliary aids where necessary to afford an individual with disabilities an equal opportunity to participate in, and enjoy the benefits of, its programs or activities. In determining what auxiliary aids are necessary, PHCD shall give primary consideration to the requests of the individual with disabilities.

PHCD is not required to provide individually prescribed devices, readers for personal use or study, or other devices of a personal nature (including, but not limited to, personal hearing aids, walkers, canes, or wheelchairs).

THE FOLLOWING IS TO BE COMPLETED BY THE PHCD STAFF PERSON

1. Type of auxiliary aid requested: _____
2. If a sign language interpreter is requested, obtain the following information:
 - a. Address where the interpreter needs to be: _____
 - b. Date and time the interpreter is needed: _____
 - c. How long (in hours) the interpreter is needed: _____
 - d. What kind of interpreter is needed (e.g. American Sign Language (ASL), Signed English or oral interpretation): _____

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
AUXILIARY AIDS REQUEST**

3. If an assistive listening device is requested, ask what type is required:

4. If materials in large print format are requested, ask what font size (if known) and font style (if known) the person requests:

5. If printed materials in audio tape format are requested, ask what language the person requests:

6. Following is additional information that is necessary for providing the requested for auxiliary aid:

The PHCD staff person obtaining information regarding auxiliary aids may direct questions to the ADA Coordinator listed below.

Individuals may obtain a copy of the PHCD Reasonable Accommodation Policies and Procedures, upon request, from Applicant Leasing Center Eligibility Interviewers, Public Housing AMP administrators, Section 8 Leasing and Contract Specialists, and PHCD's ADA Coordinator. You may also get additional copies of this request form from the ADA Coordinator:

ADA Coordinator
701 NW 1 Court, 16th Floor
Miami, Florida 33136
(786) 469-2155 phone
(786) 469-4151 fax
Florida Relay Service: (800) 955-8771 (TDD/TTY)

Name of PHCD employee taking the request: _____
(PRINT NAME)

Phone: (____)_____

This material is available in an accessible format upon request. Please call the ADA Coordinator at (786) 469-2155 (phone) or Florida Relay Service at (800) 955-8771 (TDD/TTY).

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

Head of Household: _____

RE: Household member with disability: _____

I hereby authorize the release of information to PUBLIC HOUSING AND COMMUNITY DEVELOPMENT regarding the request for reasonable accommodation described on this form. This release shall constitute a limited authorization for the release of information, as described below.

I hereby authorize _____ to consult with representatives of the PUBLIC HOUSING AND COMMUNITY DEVELOPMENT, in writing, in person, or by telephone concerning the physical or mental impairment(s) that I assert to qualify as an individual with a disability for the sole purpose of this reasonable accommodation request.

For purposes of this Release, a “Qualified Individual With a Disability” is defined as a person who has a physical or mental impairment that:

1. Substantially limits one or more major life activities
2. Has a record of such an impairment
3. Is regarded as having an impairment

“A Physical or Mental Impairment” is defined as:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems including, but not limited to: neurological, musculoskeletal, special sense organs, respiratory, and speech organs; **or**
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.

The term “Physical or Mental Impairment” includes, but is not limited to, such diseases and conditions as visual, speech and hearing impairments, epilepsy, multiple sclerosis, cancer, etc.

“Major Life Activities” include functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

“Has a Record of Such an Impairment (mental or physical)” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

“Is Regarded As Having an Impairment” means:

1. Has a physical or mental impairment that does not substantially limit one or more major life activities, **but** is treated by a recipient as constituting such a limitation.

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

2. Has a physical or mental impairment that substantially limits one or more major life activities **only as a result of** the attitudes of others toward the impairment.
3. Has none of the impairments defined by Section 504's definition of "physical or mental impairment", **but** is treated by a recipient as having such an impairment.

In addition, I authorize _____ to provide only documentation that is necessary to verify that I meet the definition of a "Qualified Individual with a Disability", as defined above.

This Authorization solely authorizes the release of information necessary to verify the following:

1. Documentation necessary to verify that the person meets the definitions noted above;
2. A description of the needed accommodation; and,
3. A description of the identifiable relationship between my disability and the requested accommodation(s).

This Authorization for Release of Information should only seek information that is necessary to determine if the requested reasonable accommodation is needed because of a disability.

This Authorization does **not** authorize the PUBLIC HOUSING AND COMMUNITY DEVELOPMENT to examine my medical records, including diagnosis or test result(s); nor does this authorize the release of detailed information about the nature or severity of my disability.

The information/documentation released as a result of this Authorization shall be kept confidential and not shared with anyone unless required to make or assess a decision to grant or deny a reasonable accommodation request.

Name of Family Member/Parent/Legal Guardian [Print]

Signature

____/____/____
Date

Relationship to Head of Household

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Name of Health Care Provider/Documenting Authority:

2. Address of Health Care Provider/Documenting Authority:

3. Telephone Number of Health Care Provider/Documenting Authority:

4. Facsimile Number of Health Care Provider/Documenting Authority:

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
LETTER TO AN APPLICANT, RESIDENT, OR PROGRAM PARTICIPANT
FOR A MEETING ABOUT REASONABLE ACCOMMODATION**

Date: ___/___/___

Head of Household: _____
(PRINT NAME)

Client No: _____

Re: Reasonable Accommodation Request

For: _____
(PRINT NAME OF THE PERSON FOR WHOM THE REQUEST IS BEING MADE)

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD) has received your request for a reasonable accommodation. It would help us make our decision if we could meet with you. You may bring someone to the meeting to help you.

We would like to meet on ___/___/___.

If you cannot come at that time, please call us at ___ a.m./p.m. ___/___/___ on to arrange another time.

At this meeting, we will talk about the following matter related to the reasonable accommodation request:

Please come ready to talk about the above matter. Please bring copies of any information you think might help us understand what you need.

We look forward to meeting with you. Thank you.

PHCD Employee (Print Name)

Title (Print)

PHCD Employee's Signature

(_____) _____
Phone number

PHCD Return Address

If you require a sign language interpreter, materials in an accessible format, a meeting place that is wheelchair accessible or other special features, please call the PHCD at least five days in advance.

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
REQUEST FOR MORE INFORMATION OR VERIFICATION
REGARDING A REASONABLE ACCOMMODATION**

Date: ___/___/___

To (Head of Household/Verification Source): _____

Client No: _____

Re: Reasonable Accommodation Request

For: _____
(PRINT NAME)

We have received a request for a reasonable accommodation. We need to know more about the following matter related to the reasonable accommodation request before we can make a final determination:

We need to know more because:

Here are some ways you could give us more information:

If these ways are a problem for you, there may be some other ways to provide the information we need. We will be happy to talk to you about other ideas you may have.

If you think that you have already given us this information or if you think we should not ask for this kind of information, please call us at _____. Also, please call if you have any other questions.

Thank you.

PHCD Employee (Print Name)

Title (Print)

PHCD Employee's Signature

PHCD Return Address

This material is available in an accessible format upon request. Please call the ADA Coordinator at (786) 469-2155 (phone) or Florida Relay Service at (800) 955-8771 (TDD/TTY).

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
LETTER TO VERIFICATION
SOURCE FOR A REASONABLE ACCOMMODATION REQUEST**

Date: ___/___/___

Head of Household: _____ Client No: _____
(PRINT NAME)

Re: Reasonable Accommodation Request

For: _____
(PRINT NAME OF THE PERSON FOR WHOM THE REQUEST IS BEING MADE)

Name of Verification Source: _____
(PRINT NAME)

Address of Verification Source: _____

To Whom It May Concern:

Enclosed with this correspondence is an Authorization for Release of Information signed by the above-listed disabled head of household, disabled member of household or an authorized representative of the disabled head of household or disabled member of household and either a Reasonable Accommodation Request or Live-in Aide Agreement form. The head of household or other party as indicated above asked that you verify that they, for whom the reasonable accommodation is requested, is disabled. The head of household or other party as indicated above also indicated that they require a reasonable accommodation related to their housing, a PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD) building or property, or a PHCD program or service.

State, federal and local laws require housing providers to make reasonable accommodations or changes to either the dwelling, common areas, or to rules, policies 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 dwelling and other facilities or programs at the site. Please note that such changes must be necessary as a result of the person's disability.

The head of household, or other party as indicated above, has requested the accommodation described on either the enclosed Reasonable Accommodation Request or Live-in Aide Agreement form. Please indicate on either the enclosed Reasonable Accommodation Verification form or Live-in Aide Verification form (as applicable) whether you believe the individual requesting the accommodation 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 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 divulge the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.

You can call the employee indicated below at (____)_____ if you have any questions.

Please return the completed forms to the following address: _____

PHCD Employee Name and Title (Print)

Employee Signature

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
APPROVAL/DENIAL OF REASONABLE ACCOMMODATION**

Date: ___/___/___

Head of Household: _____ Client No: _____
(PRINT NAME)

Re: Reasonable Accommodation Request

For: _____
(PRINT NAME OF THE HOUSEHOLD MEMBER FOR WHOM THE REQUEST IS BEING MADE)

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD) has reviewed your request for a reasonable accommodation, the verification from your verification source and all other documents related to your request. Based on all the information you have provided, PHCD has made the following determination in response to your request:

Your request has been approved.

The projected date for providing your requested accommodation is ___/___/___
If no projected date was indicated above, PHCD will inform you of the date as soon as we have that information.

Your request has been denied, but PHCD will provide the following, alternate accommodation for the following reason(s):

Your request has been denied.

Your request has been denied for the following reason(s):

If you have questions about this decision, you may call (786) 469-2155 (phone), or Florida Relay Service (800) 955-8771 (TDD/TTY) and ask to speak to the ADA Coordinator.

If you disagree with the above decision, you may request a Reasonable Accommodation Grievance and Appeal Hearing by submitting a request, which may be written, oral or by any other means of communication accessible to you. The address and phone number of the contact person for scheduling a Reasonable Accommodation Grievance and Appeal Hearing is:

**ADA Coordinator
701 NW 1 Court, 16th Floor
Miami, Florida 33136
(786) 469-2155 (office)
(800) 955-8771 (TDD/TTY)**

PHCD's Reasonable Accommodation Grievance and Appeal Hearing Committee shall convene the settlement conference within thirty (30) working days of the receipt date of the request. The Reasonable Accommodation Grievance and Appeal Hearing Committee is composed of the members of the Section 504/ADA Policy Committee appointed by the PHCD Director. The Section 504/ADA Policy Committee members are PHCD Division

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT APPROVAL/DENIAL OF REASONABLE ACCOMMODATION

Directors and other applicable staff whose responsibilities include matters related to Section 504/ADA. Although the ADA Coordinator is a standing member of this committee, during Reasonable Accommodation Grievance and Appeal Hearings, the ADA Coordinator's role is only to provide information regarding the contested decision. During these hearings, the ADA Coordinator cannot cast a vote regarding the contested decision.

You may bring documents, witnesses and/or representatives to the Reasonable Accommodation Grievance and Appeal Hearing in order to contest the manner in which a reasonable accommodation is proposed to be (or was) implemented, the denial of a reasonable accommodation request, or any other appropriate disability-related decision made by the ADA Coordinator.

The determination of the Reasonable Accommodation Grievance and Appeal Hearing Committee is final.

If you wish to contest an adverse action pursuant to the Reasonable Accommodation Grievances and Appeals section, but do not want to do so by requesting a Hearing, you may follow the *Miami-Dade Grievance Process, Americans with Disabilities Act of 1990* outlined in Attachment Three of Miami-Dade County Administrative Order Number 10-10. The Miami-Dade County grievance process serves "...as the County's mechanism to respond to complaints of discrimination on the basis of a disability in County programs and services under the Americans with Disabilities Act of 1990 (ADA)." For additional information on that process, you may contact the ADA Coordinator as indicated above.

You may also contact the local office of the United States Department of Housing and Urban Development concerning any complaints regarding your reasonable accommodation request:

United States Department of Housing and Urban Development

Office of Fair Housing and Equal Opportunity

909 S.E. 1st Avenue

Miami, FL 33131

(305) 536-4479

TDD/TTY: (305) 536-4743

This material is available in an accessible format upon request. Please call the ADA Coordinator at (786) 469-2155 (phone) or Florida Relay Service at (800) 955-8771 (TDD/TTY).

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
RELEASE OF DISABILITY-RELATED SPECIAL NEEDS
IN CASE OF EMERGENCY EVACUATION**

Head of Household: _____ Phone: (____) _____
(PRINT NAME)

Address: _____ Client #: _____

1. The following is the name of the household member with a disability who will need assistance in the event of an emergency:

Name: _____

2. The person listed above requires the following assistance (due to disability) in case of an emergency (please be sure to include any assistance you may need because of special equipment you use due to your disability):

3. The person listed above has asked that assistance or medical care be provided in the event of an emergency.
4. The person indicated below authorizes PHCD to provide the information above to the appropriate police and/or fire department(s) that identifies the special needs that the disabled household member requires (due to disability) in case of an emergency. The person indicated below also indicates that they have authority to release this information.

Name: _____
(PRINT NAME)

Relationship to the person listed in item 1: _____

Signed: _____ Date: _____

This material is available in an accessible format upon request. Please call the ADA Coordinator at (786) 469-2155 (phone) or Florida Relay Service at (800) 955-8771 (TDD/TTY).

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT REASONABLE ACCOMMODATION SCRIPT

This is to advise you, in simple terms, what a disability is, what a reasonable accommodation is, and the fact that people with disabilities have a right to ask for reasonable accommodations.

A disability is a physical or mental impairment that makes it difficult or impossible for you to do things like taking care of yourself, using your hands, walking, seeing, hearing, speaking, breathing or learning.

A reasonable accommodation is something PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD) is required to give you or let you do to make it easier for you to get to and live in our housing, and participate in our programs.

Some things that must happen for you to get a reasonable accommodation, are for you to give PHCD enough information, if we need it, about whether you are a person with a disability and to give PHCD proof, if we need it, that you really need the reasonable accommodation you ask for.

Even if you don't have proof yet that you are a person with a disability, you have a right to ask for a reasonable accommodation.

Some things that might be a reasonable accommodation include:

- Being allowed to mail your rent to PHCD instead of going to the site or management office.
- Having someone from PHCD go to your house, instead of you having to go to a PHCD office, to get a service.
- Getting a ramp installed leading to your front or back door, having grab bars put in your bathroom, or having some other repair or change done to your home.
- Having a repair or change done to a laundry room, community center, management office or other building owned by PHCD so that you can go there and use the programs and services there.
- Having a sign language interpreter available upon request.
- Getting important PHCD papers in Braille or large print or on tape.

To get a reasonable accommodation, you must ask for it. If you can't write your request on the papers we have or need help filling them out, you can ask a PHCD employee for assistance.

PHCD will give you an answer as soon as possible.

PHCD will let you know if we need more information, or if there are other ways to meet your needs.

If PHCD turns down your request, PHCD will explain why, and you can provide more information if you think that will help. PHCD will also advise you of your appeal rights if your request is denied.

It is the policy of PHCD to protect all of your health information. This means that we cannot release your information without your written consent nor will we share this information with anyone who does not need to know your health information.

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
ACKNOWLEDGMENT OF RECEIPT OF REASONABLE ACCOMMODATION DOCUMENTS**

By signing my name below and writing my initials in front of the names of the forms and documents I have received, I indicate that I have received the following documents:

Name (print): _____ Date: ____/____/____

Signature: _____

____ Notice of Non-Discrimination

____ Reasonable Accommodation Information

____ Notice of Right to a Reasonable Accommodation

____ Reasonable Accommodation Request and Examples of Reasonable Accommodation

This material is available in an accessible format upon request. Please call the ADA Coordinator at (786) 469-2155 (phone) or Florida Relay Service at (800) 955-8771 (TDD/TTY).

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT REASONABLE ACCOMMODATION INFORMATION

PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD) is committed to making sure that its applicants, residents and program participants have information for making reasonable accommodation requests. PHCD has posted a copy of its Reasonable Accommodation Policy and Procedures in conspicuous locations at the applicant, resident and program participant waiting areas of the PHCD Applicant Leasing Center, Section 8 Offices, Regional Offices of the PHCD; the offices of PHCD's private management companies; and, the management office in each public housing development. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from PHCD's ADA Coordinator.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

Some examples of reasonable accommodations include (but are not limited to): grab bars installed in bathrooms, ramps installed at entrance doors of dwellings, using an assistive animal (also called a service, therapeutic, or support animal) such as a seeing-eye dog, visual and audible alarms for individuals who are deaf or hard of hearing, widening doorways, lever-type door hardware, live-in aids, transfers to another dwelling (with proof that this is needed because of disability), and being given PHCD documents in an accessible format like Braille or large print.

Use the following forms to request a reasonable accommodation and make sure you complete the forms to the best of your ability. By completing these forms you will help us understand how we can best assist you. If you are unable to do so, then please ask PHCD for assistance to complete the forms. Please be advised that in order for PHCD to assist you, we also need you to complete the *Authorization for Release of Information* form:

18. *Reasonable Accommodation Request*. This is used to make any request other than a request for a live-in aide.
19. *Live-in Aide Agreement*. This is used if you need a live-in aide. A live-in aide is someone who only lives in the unit to assist the resident or program participant who is elderly or is a person with a disability.

If you are a Public Housing or Section 8 Housing Choice Voucher program participant, and have not yet been determined eligible, you may request a *Reasonable Accommodation Request* form by writing to the Applicant Leasing Center Chief or calling the Applicant and Leasing Center:

Attention: Manager, Applicant and Leasing Center (ALC)
PUBLIC HOUSING AND COMMUNITY DEVELOPMENT ALC
1401 NW 7th Street
Miami, FL 33125
(786) 469-4300
Florida Relay Service: (305) 643-3377 (TDD/TTY)

**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
REASONABLE ACCOMMODATION INFORMATION**

If you are a Public Housing resident, you may request a *Reasonable Accommodation Request*, *Live-in Aide Agreement*, or *Release of Disability-Related Special Needs in Case of Emergency Evacuation* form from your AMP administrator.

If you are a Section 8 Housing Moderate Rehabilitation or Family Unification Program applicant, but you have not yet been determined eligible, or if you are a Section 8 Housing Choice Voucher, Section 8 Housing Moderate Rehabilitation, or Family Unification Program participant, you may request a *Reasonable Accommodation Request*, or *Live-in Aide Agreement* form from a Leasing and Contract Specialist by contacting the Section 8 team to which you have been assigned. You can find out which team that is by calling (305) 403-3222.

If you are a participant in any other PHCD program and want to request a reasonable accommodation, you may ask for a *Reasonable Accommodation Request* form from the PHCD employee who assists you.

Return all completed forms to the same person who gave them to you.

Individuals may obtain a copy of the PHCD Reasonable Accommodation Policies and Procedures, upon request, from Applicant Leasing Center Eligibility Interviewers, Public Housing AMP administrators, Section 8 Leasing and Contract Specialists, and the ADA Coordinator.

ADA Coordinator

701 NW 1 Court, 16th Floor
Miami, Florida 33136
(786) 469-2155 phone
(786) 469-4151 fax

Florida Relay Service: (800) 955-8771 (TDD/TTY)

This material is available in an accessible format upon request. Please call the ADA Coordinator at (786) 469-2155 (phone) or Florida Relay Service at (800) 955-8771 (TDD/TTY).

**MIAMI-DADE ADA GRIEVANCE PROCESS
AMERICANS WITH DISABILITIES ACT OF 1990**

Creation

This grievance procedure shall serve as the County's mechanism to respond to complaints of discrimination on the basis of a disability in County programs and services under the Americans with Disabilities Act of 1990 (ADA). This procedure shall not apply to complaints of discrimination in employment. Employment discrimination complaints are handled by the Affirmative Action Office.

Opportunity for Complaint

Any individual who feels that they have been discriminated against in the provision of a program or service operated by Miami-Dade County shall have the ability to file a formal grievance, have the grievance responded to, and have the right to request an appeal if they are dissatisfied with the resolution of their grievance. The procedures to be followed in filing a formal grievance shall be available and accessible to the general public.

Coordination of Procedure

The Miami-Dade County Office of ADA Coordination, 111 N.W. 1st Street, 12th Floor #348, shall be the agency responsible for coordinating the County's grievance procedure and will serve as the conduit between the grievant and the department against whom the complaint is made. The Office will provide the department with the necessary technical assistance needed in reaching resolution of the complaint. The Office will make all attempts to assist the department in reaching an amicable resolution to the complaint; however, the office of ADA Coordination shall have no authority to direct the department in the manner in which the department ultimately decides to respond to the complaint.

Employment discrimination complains should be sent to the Office of Fair Employment Practices, 111 N.W. 1st Street, Suite 2720.

Filing a Complaint

Any individual who feels they have been discriminated against in any program or service provided by Miami-Dade County, under provisions of the ADA, shall submit a complaint, in writing to the Office of ADA Coordination. This written complaint shall contain the following information:

1. Name, address and telephone number (if available) of the grievant.
2. The date of the occurrence.
3. The name and location of the County program and service involved in

- the alleged occurrence.
4. The name (if known) of the County employee with whom the grievant came in contact, if appropriate.
 5. Why the individual thinks that he has been discriminated against on the basis of a disability.

Complaint Resolution

Within five (5) days of receipt of the complaint, the Office of ADA Coordination shall:

1. Inform the department of the complaint; transmit a copy of the complaint to the department with general instructions as to the format which the department should follow in their response, and a date by which the department shall return a response to the Office. The Office of ADA Coordination will review the decisions with the department before final preparation of the response.
2. The department shall have thirty (30) days from receipt of complaint from the Office of ADA Coordination to respond to the complainant. Attempts will be made by the department to clarify the facts of the grievance. The actions taken by the department shall be conveyed to the grievant in writing. This letter, addressed to the grievant and signed by the Department, shall be transmitted to the Office of ADA Coordination within the specified time period. The response shall be mailed to the grievant by the Office of ADA Coordination with a cover letter informing the grievant of their ability to appeal the decision enclosed and the procedure which the grievant must follow in requesting an appeal. In no instance shall the Department mail their response directly to the grievant.
3. In the event that a complainant submits a written complaint to the operating department, the department shall send a copy of the complaint to the Office of ADA Coordination within five (5) days. That action will constitute a filing by the complainant with the Office of ADA Coordination as required in Section IV of this document. The Department will have thirty (30) days from receipt of written complaint to respond to complainant.
4. Where a department can solve a written complaint informally, the department will provide the Office of ADA Coordination a written statement explaining the mutually agreeable solution. It should be signed by the complainant and the department representative.

All reasonable attempts should be made by the department with the assistance of the Office of ADA Coordination to mediate and resolve the grievance.

Filing an Appeal

Any individual who is dissatisfied with the recommended resolution of their complaint may request an appeal. In requesting an appeal the individual shall,

within fifteen (15) days from the date of the written recommended resolution offered by the County, submit in writing to the Office of ADA Coordination their request to appeal the decision and express their willingness to appear before an impartial panel to present their grievance.

Appeal Process

Upon receipt of a written request for an appeal, the Office of ADA Coordination shall:

1. Notify the County Manager and request that within thirty (30) days he appoint a panel of three (3) senior members of unaffected County departments to hear the complaint. The Manager shall designate one of the three panel members to serve as chairperson.
2. Set a time and place for the hearing that is convenient to the grievant, the affected department and the panel members, within twenty (20) days after the panel is appointed, if possible.
3. Instruct the department, against whom the complaint has been made, to prepare a package with all necessary information pertinent to the complaint for each panel member to review prior to hearing.
4. Monitor and tape the hearing.

At the time of the hearing both the grievant and the affected department shall have the opportunity to present their positions to the panel. The panel members will also have the opportunity to pose questions to both parties. After the affected parties have presented the facts, and after all questions posed by the panel have been answered, the hearing shall be closed and the panel shall meet privately to deliberate.

Within fourteen (14) days from the date of the hearing the panel shall issue its decision. The Chairperson shall prepare the decision of the panel. The Chairperson shall send the written decision to each panel member for review and signature prior to its submission to the affected parties. The decision of the panel is final and no further appeal shall be available within the administrative branch of County government.

Recordkeeping

The Office of ADA Coordination shall maintain files on complaints received along with all communications, recommendations, and other records pertinent to the complaints for a period of at least three (3) years.

Alternative Remedies

The establishment of this grievance procedure shall not preclude nor waive the grievant's right to seek redress under any alternative remedy available.