## The Community Partnership for the Prevention of Homelessness



## Provider Reasonable Accommodation Forms and Procedures Packet

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## The Community Partnership for the Prevention of Homelessness Client Reasonable Accommodation Procedures

This guide is for TCP providers on how to complete reasonable accommodations requests. If there are any questions regarding the reasonable accommodation process, please contact Candyce J. Coates by email at <a href="mailto:Coates@community-partnership.org">CCoates@community-partnership.org</a>

Homeless Service Providers under contract with the Community Partnership are required to provide reasonable accommodations in their rules, policies, practices and procedures, and allow reasonable modifications (changes to the physical structure) for qualified individuals (persons with disabilities) as defined by law.

When considering a reasonable accommodation/modification request, a homeless service provider can <u>only</u> take the following into consideration:

- Is the individual (or the intended participant of the program) which is the subject of the request, qualified? (Is the individual a person with a disability as defined by the law?)
- Is the request for an accommodation or modification necessary for the qualified person with a disability to enjoy equal opportunity and access to the program?
- Would the requested accommodation or modification impose an undue financial or administrative burden on the program?
- Would the requested accommodation or modification require a fundamental alteration in the nature of the program?

The provider should not ask about the nature or severity of the disability in question. The provider need only consider whether or not the request is *reasonable* in terms of cost and alteration of their program. They may ask questions which will clarify what it is about the policy, practice or procedure that serves as a barrier (so that the provider may offer an alternative solution) if the requested accommodation is deemed *not* reasonable; however, they should <u>not</u> attempt to determine whether or not the request is necessary for the individual in question. That is a determination to be made by the individual and/or his or her advisor.

The <u>Standard Reasonable Accommodation Procedure</u> should be used for most reasonable accommodations. If your client is in a unit controlled by a third-party landlord, review the criteria for the <u>Reasonable Accommodation Procedure Involving a Third-Party Landlord</u>, and use the applicable procedure.

## Standard Reasonable Accommodation Procedure

- 1. Provide client with Reasonable Accommodation brochure and complete "Acknowledgement of Receipt" form.
- 2. Review brochure and "Reasonable Accommodation Request Form" with client
  - If needed, complete form for the client
- 3. Verify disability ONLY if disability is NOT obvious
  - Complete "RA Treating Professional Supporting Statement" if providing professional verification
- 4. Consider whether or not this request requires further consideration by TCP
  - If the accommodation requires a structural alteration, the request must be submitted to TCP
  - If needed, suggest an alternative accommodation
- 5. Submit form(s) to TCP on Smartsheets (https://app.smartsheet.com/b/form/7a91df3c256642a583293e22e9a5e522)
- 6. Complete "Notification of Accommodation Status" form & give to client

## Reasonable Accommodation Procedure Involving a Third-Party Landlord

This procedure should only be used if

- the client is living in a unit with a private landlord, AND
- the client is requesting a reasonable accommodation about their unit or policies set by the landlord (not program rules or items in the control of the program)

This policy does **not** apply if the client is requesting to move units.

## If client has not yet made the Reasonable Accommodation request with the Landlord

- 1. Provide client with Reasonable Accommodation brochure and complete "Acknowledgement of Receipt" form.
- 2. Confirm that the client is <u>not</u> requesting to change units. If the client is requesting to change units, follow the Standard Reasonable Accommodation Procedure
- 3. Review the Equal Rights Center's <u>Making Home Accessible: A Toolkit for Reasonable Accommodations and Modifications</u> pamphlet with your client
- 4. Ask the client if they need assistance making their reasonable accommodation request. If the client needs assistance, make the reasonable accommodation request with them
- 5. Document this conversation and subsequent events regarding the reasonable accommodation in your case notes. Do not include the nature of the disability in your case notes.

- 6. Regularly contact your client for updates about the status of the reasonable accommodation request to ensure their request is met.
- 7. If the landlord fails to provide the accommodation or is unresponsive, advocate on the client's behalf.
- 8. If the landlord still does not provide the accommodation, complete TCP's Reasonable Accommodation Request Form. Submit this form through TCP's Smartsheet (<a href="https://app.smartsheet.com/b/form/7a91df3c256642a583293e22e9a5e522">https://app.smartsheet.com/b/form/7a91df3c256642a583293e22e9a5e522</a>), noting the landlord's failure to comply, and TCP will advocate for the client.

## If the client has already submitted a reasonable accommodation request to their landlord

- 1. Ask if the client if their accommodation request has been met.
- a. If the client's accommodation has been met, document this in your case notes. Do not include the nature of the disability in your case notes. No additional steps are needed.
- b. If the client's accommodation has **not** been met, ask the client if they need assistance.
- 2. Review the Equal Rights Center's <u>Making Home Accessible: A Toolkit for Reasonable Accommodations and Modifications</u> pamphlet with your client
- 3. Document this conversation and subsequent events regarding the reasonable accommodation in case notes. Do not include the nature of the disability in your case notes.
- 4. If the client needs assistance, contact the landlord to advocate for the client
- 5. Regularly contact your client for updates about the status of the reasonable accommodation request to ensure their request is met.
- 6. If the landlord does not provide the accommodation, complete TCP's Reasonable Accommodation Request Form. Submit this form through TCP's Smartsheet (<a href="https://app.smartsheet.com/b/form/7a91df3c256642a583293e22e9a5e522">https://app.smartsheet.com/b/form/7a91df3c256642a583293e22e9a5e522</a>), noting the landlord's failure to comply, and TCP will advocate for the client.

Updated: 3/3/2025

## District of Columbia Disability Rights in Shelter and Housing Programs Acknowledgement of Receipt

Do you need a reasonable accommodation?	Yes	No
Have you received a copy of the District of Columbia Disability Rights in Shelter and Housing Programs Brochure?	Yes	No
Has the brochure been explained to you, including your right to request reasonable accommodations?	Yes	No
I understand that if I or any member of my family needs a change in rules or policies as a reasonable accommodation in the future, I can request one by speaking with any member of program staff.	Yes	No
Client's Signature	Date	
Client's Printed Name		
Staff Member's Signature	Date	
Staff Member's Printed Name		



## The Community Partnership for the Prevention of Homelessness Reasonable Accommodation Request Form

Please use this form to request a reasonable accommodation. If this request is for a STRUCTURAL ALTERATION, additional review prior to approval is required. This completed form and all supporting documentation are to be submitted electronically using the link below or by mail to The Community Partnership for the Prevention of Homelessness, Attn: ADA Coordinator, 14 Kennedy Street NW Washington DC 20011. If there are any questions regarding this form or the reasonable accommodation process, please contact Candyce J. Coates by email at <a href="mailto:cCoates@community-partnership.org">CCoates@community-partnership.org</a>.

https://app.smartsheet.com/b/form/7a91df3c256642a583293e22e9a5e522

Client Information								
Name of Client:				Date of Request:				
Program Name:				Address of Client:				
Phone Number of Client:								
Name of Designee (if applicable:				Phone Number of Designee:				
			Accommodation	on Request				
Please select	the type of accomm	nodation are you see	eking?					
	Service Animal	☐ Emotional Su	pport Animal ☐ Program Rule	Dietary Accommod	dation 🗖 Str	uctural Altera	ition	
		☐ Facility/Res	idential Accommodation	(select this for relocation	n requests)			
Other:								
			Request	Detail				
Is this reque	est related to a medi	ical condition or doc	tor order?			☐ Yes	□ No	
	If yes, this request must be accompanied by supporting documentation verifying the need of accommodation.							
If this is a die	etary accommodation	n, please select the	type of meal requested.	(for program serving med	als only)			
□ Ve	egetarian	□ Vegan	☐ Gluten Free	□ Pork Free	□ Low Sodium		Diabetic	
Is this reques	st related to a medic	al condition or a do	ctor order? <i>(for progran</i>	ns serving meals only)		☐ Yes	□ No	
	If yes, this re	equest must be acco	mpanied by supporting d	ocumentation verifying t	he need of accommo	dation.		
Is this dietary	y request due to reli	gious beliefs? <i>(for pi</i>	ogram serving meals on	ly)		☐ Yes	□ No	
If yes, this re	quest must be accor	mpanied by a staten	nent from the requestor	in the space below regar	ding the need for acc	commodation	due to	

religious beliefs.

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	Statement of Need									
By signing below, I self-verify that I have, or someone in my household has, a disability or requires a religious exemption and needs the requested accommodation.  Client Signature  TCP Use Only  Accommodation Approved:   Yes   No Date of Approval:	In the space below, please describe the acc	ommo	odation	request	t you a	re seeking or outline your religious beliefs.				
By signing below, I self-verify that I have, or someone in my household has, a disability or requires a religious exemption and needs the requested accommodation.  Client Signature  TCP Use Only  Accommodation Approved:   Yes   No Date of Approval:										
By signing below, I self-verify that I have, or someone in my household has, a disability or requires a religious exemption and needs the requested accommodation.  Client Signature  TCP Use Only  Accommodation Approved:   Yes   No Date of Approval:										
By signing below, I self-verify that I have, or someone in my household has, a disability or requires a religious exemption and needs the requested accommodation.  Client Signature  TCP Use Only  Accommodation Approved:   Yes   No Date of Approval:										
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By signing below, I self-verify that I have, or someone in my household has, a disability or requires a religious exemption and needs the requested accommodation.  Client Signature  TCP Use Only  Accommodation Approved:   Yes   No Date of Approval:										
By signing below, I self-verify that I have, or someone in my household has, a disability or requires a religious exemption and needs the requested accommodation.  Client Signature  TCP Use Only  Accommodation Approved:   Yes   No Date of Approval:										
By signing below, I self-verify that I have, or someone in my household has, a disability or requires a religious exemption and needs the requested accommodation.  Client Signature  TCP Use Only  Accommodation Approved:   Yes   No Date of Approval:										
By signing below, I self-verify that I have, or someone in my household has, a disability or requires a religious exemption and needs the requested accommodation.  Client Signature  TCP Use Only  Accommodation Approved:   Yes   No Date of Approval:										
By signing below, I self-verify that I have, or someone in my household has, a disability or requires a religious exemption and needs the requested accommodation.  Client Signature  TCP Use Only  Accommodation Approved:   Yes   No Date of Approval:										
Client Signature  TCP Use Only  Accommodation Approved:   Yes   No Date of Approval:					Ackn	owledgment				
Accommodation Approved:  Accommodation forwarded for further consideration  Yes   No   Date of Approval:  No Date Forwarded:  Dietary Accommodations  Meal Vendor:    DC Central Kitchen   Henry's Soul Food Café	By signing below, I self-verify that I have, requested accommodation.	or som	neone i	n my ho	ouseho	old has, a disability or requires a religious exemption and needs the				
Accommodation Approved:  Accommodation forwarded for further consideration  Pyes    No    Date Forwarded:  Dietary Accommodations  Meal Vendor:  Doc Central Kitchen    Henry's Soul Food Café	Client Signature					Date				
Accommodation Approved:  Accommodation forwarded for further consideration  Pyes    No    Date Forwarded:  Dietary Accommodations  Meal Vendor:  Doc Central Kitchen    Henry's Soul Food Café										
Accommodation forwarded for further consideration  Dietary Accommodations  Meal Vendor:  Dietary Accommodations  Dietary Accommodations  Dietary Accommodations  Dietary Accommodations  Henry's Soul Food Café					TC	O Use Only				
Accommodation forwarded for further consideration  Dietary Accommodations  Meal Vendor:  Dietary Accommodations  Dietary Accommodations  Dietary Accommodations  Dietary Accommodations  Henry's Soul Food Café										
Consideration	Accommodation Approved:		Yes		No	Date of Approval:				
Meal Vendor:     DC Central Kitchen   Henry's Soul Food Café			Yes		No	Date Forwarded:				
		Dietary Accommodations								
	Meal Vendor:									
.0			Yes		No					
Date of Notification:  Time of Notification:		_				Time of Notification:				

If you disagree with the Reasonable Accommodation Decision, you have the right to Appeal and to file a Complaint

## Your Right to Appeal Your Accommodation Request

You can ask for an appeal in any of the following ways:

- 1. Ask your Program Director to appeal the decision through the <u>program's internal grievance</u> <u>process</u>. Each grievance related to a reasonable accommodation request will be brought to the Community Partnership's attention for further review.
- Within 60 days of the Reasonable Accommodation Decision, <u>contact the DC Department of Human Services (DHS) ADA Coordinator</u> at 202-671-4422 phone, 202-671-0180 fax, 202-671-4495 TTY to file an appeal with DHS.
- 3. Within 90 days of the Reasonable Accommodation Decision, <u>call the DC Office of Administrative Hearings</u> (OAH), at 727-8280 or send in your request in writing to the Office of Administrative Hearings, 441 4<sup>th</sup> Street, N.W., Suite 540 South, Washington, D.C. 20001. (You can also tell a staff member where you reside that you want a Fair Hearing and he or she must help you make your request or you can call the Family Services Administration, at 541-3914.)

OAH will schedule you for an administrative review with DHS. If that hearing doesn't resolve your concerns, you will get a fair hearing with OAH. At your administrative review or hearing, you have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the D.C. Government and to bring witnesses or evidence that helps your case.

## Your Right to File a Complaint

If you believe that your rights have been ignored or violated or that you have been discriminated against, you have the right to file a complaint with DC government agencies or in court.

You can file a complaint in any of the following ways:

- 1. Within 60 days of the decision, contact the DC Department of Human Services (DHS) ADA Coordinator at 202-671-4422 phone, 202-671-0180 fax, 202-671-4495 TTY to file a complaint of disability discrimination or violation of disability rights.
- Mail a complaint to the Department of Justice, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section-NYA, Washington, DC 20530.
- 3. <u>Call the D.C. Office of Human Rights</u> at 202-727-4557 phone 202-727-4559, 202-727-8673 TTY. They will interview you to investigate and process your complaint.
- 4. **File a lawsuit** in D.C. Superior Court or federal court. You may want to seek legal advice if you decide to file a lawsuit (see below). See below for free legal representation.

## How to Get Help Appealing or Filing a Complaint

To help you understand your rights and to represent you in appeals or complaints, free lawyers may be available from:

- The Washington Legal Clinic for the Homeless at (202) 328-5500
- Legal Aid Society of the District of Columbia at (202) 628-1161
- Bread for the City at (202) 265-2400 OR (202) 561-8587



## The Community Partnership for the Prevention of Homelessness Reasonable Accommodation Treating Professional Supporting Statement

Please use this form to provide the statement from the treating professional that outlines the need for reasonable accommodation. If this request is for a STRUCTURAL ALTERATION or additional review prior to approving is required, please return this form to The Community Partnership for the Prevention of Homelessness, Attn: ADA Coordinator 14 Kennedy Street Northwest, Washington, DC, 20011 or electronically to <a href="https://app.smartsheet.com/b/form/7a91df3c256642a583293e22e9a5e522">https://app.smartsheet.com/b/form/7a91df3c256642a583293e22e9a5e522</a>.

Client Information							
Name of Client:	Date of Request:						
Program Name:	Address of Client:						
Phone Number of Client:							
-	Treating Professional Information						
Name of Professional (Include Credentials):	Date of Completion:						
Phone Number	Address of Practice:						
Email Address:							
	Supporting Statement  low, please describe the accommodation being requested. Use additional sheets if needed. In the case of using additional sheets, the toe typed on agency letterhead and signed by the treating professional.						
	Acknowledgment						
	w, I verify that I am the treating professional for the client named, the client needs this accommodation as a part of their and that the information provided is accurate and true.						
Signature	Date						

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OAH will schedule you for an administrative review with DHS. If that hearing doesn't resolve your concerns, you will get a fair hearing with OAH. At your administrative review or hearing, you have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the D.C. Government and to bring witnesses or evidence that helps your case.

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- 2. <u>Mail a complaint to the Department of Justice</u>, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section-NYA, Washington, DC 20530.
- 3. <u>Call the D.C. Office of Human Rights</u> at 202-727-4557 phone 202-727-4559, 202-727-8673 TTY. They will interview you to investigate and process your complaint.
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- Bread for the City at (202) 265-2400 OR (202) 561-8587



## The Community Partnership for the Prevention of Homelessness Reasonable Accommodation Notice of Accommodation Status

Use this form when notifying a client of the status of a reasonable accommodation request. It should be re-issued anytime there is an update on the status. If your agency is unable to make a determination on the completion of a request, please forward that information as soon as possible to The Community Partnership for the Prevention of Homelessness, Attn: ADA Coordinator, 14 Kennedy Street Northwest, Washington, DC, 20011 or electronically via the Smartsheet form listed below.

https://app.smartsheet.com/b/form/7a91df3c256642a583293e22e9a5e522

	Client Information
	me of Date of Notification:
	Accommodation Status
	The reasonable accommodation request has been approved.
	Your reasonable accommodation request has been conditionally approved. We need additional information to process your request. Additional documents needed are noted in the space below. Failure to provide these documents could result in discontinuation of the accommodation. These documents are due by (date):
	The reasonable accommodation request is pending.  *Reasonable accommodation requests that are pending will be forwarded to The Community Partnership for the Prevention of Homelessness ("TCP") for further review and consideration. If TCP is unable to make a determination, they will submit this to DHS for review.
	Your reasonable accommodation cannot be granted at this time.  Determining agency: TCP DHS Provider**  **Provider may only deny the accommodation if the client fails to submit verification on a conditionally approved accommodation
Re	eason:
	Acknowledgment
Ву	signing below, I verify that I am in receipt of the status of accommodation request form and have been advised of next steps.
Clie	ent Signature Date
Sta	ff Signature Date

If you disagree with the Reasonable Accommodation Decision, you have the right to Appeal and to file a Complaint

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- 1. Ask your Program Director to appeal the decision through the <u>program's internal grievance</u> <u>process</u>. Each grievance related to a reasonable accommodation request will be brought to the Community Partnership's attention for further review.
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OAH will schedule you for an administrative review with DHS. If that hearing doesn't resolve your concerns, you will get a fair hearing with OAH. At your administrative review or hearing, you have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the D.C. Government and to bring witnesses or evidence that helps your case.

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- 2. <u>Mail a complaint to the Department of Justice</u>, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section-NYA, Washington, DC 20530.
- 3. <u>Call the D.C. Office of Human Rights</u> at 202-727-4557 phone 202-727-4559, 202-727-8673 TTY. They will interview you to investigate and process your complaint.
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- Bread for the City at (202) 265-2400 OR (202) 561-8587

## **District of Columbia**

## **DISABILITY RIGHTS IN SHELTER AND** HOUSING **PROGRAMS BROCHURE**

## YOU HAVE THE RIGHT TO REASONABLE ACCOMMODATIONS





If your disability makes it difficult or impossible to participate equally, follow the rules, or get in and out of places, an accommodation must be made for you if it is reasonable.



If you or a household member has a disability, you have the right to be free from disability discrimination, as well as the right to live with others who may or may not have a disability.



Asking for a reasonable accommodation requires no magical words.



The shelter must keep all of your information confidential.



Your medical records are private. Only information needed for verification of the need for an accommodation may be requested by the housing provider.

## MAKING A REASONABLE ACCOMMODATION REQUEST

A **reasonable modification** is a modification in policies, practices, or procedures to ensure equal access to program services for people with disabilities.



- 1. That person has a physical or mental condition that limits what he or she must do on a day-to-day basis such as walking, talking, breathing, hearing, seeing, speaking, learning, or taking care of yourself,
- 2. That person is treated or viewed as having a mental or physical disability, or
- That person has a record of medical care or treatment for a mental or physical disability.

## Accommodation Paperwork

- When you ask for an accommodation you will be asked to fill out a form. If you want, a staff person will help you complete the form. This form will cover three basic points:
  - Your disability,
  - Your requested change in policy or living space, and
  - To confirm that the change is necessary for you to participate equally in the shelter program because of your disability.
- You are **not** required to provide this information to receive an accommodation



## **Additional verification**

- Staff may need additional information to verify your disability or need for specific accommodation. They may ask for verification from a professional who knows you and about your disability. They may ask for information that
  - o Shows that you have a disability,
  - Explains the connection between the accommodation and the disability,
  - Describes how the accommodation will work for you.
- A shelter may **not** ask for your medical records or details about your disability.
- A shelter may offer an alternative accommodation that is different from what you asked for, but it must consider your request.

## Denying a request

Staff may deny your accommodation request if:

- 1. You do not have a disability,
- 2. The accommodation is not reasonable costs too much or is a request for something the shelter does not provide,
- 3. The accommodation is either not related to your disability or not necessary for you to access the program's services.

## MAKING A REASONABLE ACCOMMODATION REQUEST

## If you think your rights have been ignored or violated you can do the following:

- 1. Make a complaint to the ADA Coordinator at 202-671-4339.
- 2. Request a "Fair Hearing" from the Office of Administration Hearings at 202-727-8280 within 90 days of the discriminatory act (staff must help you with the process)
  - 3. File a complaint with the D.C. Office of Human Rights at 202-727-4557 within 180 days of the act of discrimination.



## MAKING HOME ACCESSIBLE

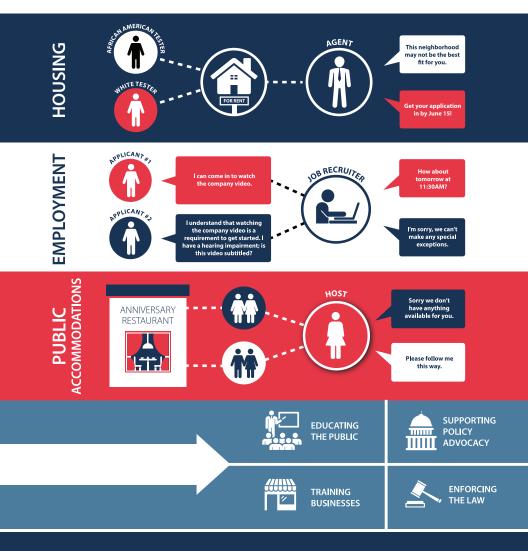


A TOOLKIT FOR REASONABLE ACCOMMODATIONS AND MODIFICATIONS

## **CIVIL RIGHTS TESTING**

Civil rights testing is an investigative tool used to gather evidence, usually in order to compare conduct to legal requirements or a policy. It involves one or more people covertly engaging in a transaction or interaction. Matched pair testing is one type of civil rights test that compares treatment between two people based on one variable because all other differences are controlled for:





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## The Equal Rights Center 2018 – All Rights Reserved

The work that provided the basis for this publication was supported by funding under a grant with the U.S. Department of Housing and Urban Development. The substance and findings of the work are dedicated to the public. The author and publisher are solely responsible for the accuracy of the statements and interpretations contained in this publication. Such interpretations do not necessarily reflect the views of the Federal Government.

The information contained in this publication is not legal advice and should not be construed as such. For legal advice, please contact an attorney.



## **BACKGROUND**



People with disabilities have the right to live in the community of their choice. There are laws to ensure that people with disabilities have equal access to and enjoyment of their homes. In addition to requirements related to the design and construction of multi-family properties, the Fair Housing Act allows individuals with disabilities to request reasonable accommodations and/or reasonable modifications in order to allow them to fully use and enjoy their homes. This brochure will help explain those rights and how to claim them.

People with disabilities are diverse. Sometimes a person's disability is obvious. Other times, it may not be. A disability can be mobility related, cognitive, sensory, psychological, developmental, etc. It can also be temporary, ongoing, and/or change over time. One person can also experience multiple disabilities that require more than one accommodation or modification.

If you have a disability, you have the right to request a reasonable accommodation or modification. The request can be made prior to moving into a home or during any time that you live there. You can also make multiple requests or modify your request if the underlying reasons for the request have changed. Usually, renters make requests to landlords or property managers, but homeowners with disabilities may also find it necessary to make reasonable accommodation and/ or modification requests to entities like homeowners' associations or municipal governments.

## **REASONABLE ACCOMMODATIONS** & MODIFICATIONS



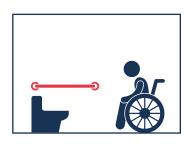
## **RFASONABIF ACCOMMODATIONS**

An accommodation is a change in rule, policy, practice, or service that will provide a person with a disability equal opportunity to use and enjoy their home. Examples include dedicating accessible parking spaces or allowing assistance animals in a "no pets" property.



### REASONABLE MODIFICATIONS

A modification is generally a structural change to a unit, common area, and/or a public area. Modifications improve the functionality of a space for a person with a disability. Examples include installation of grab bars, ramps, or removal of an obstructing or protruding object. Unless



a unit is federally funded, or does not meet one of the safe harbor accessibility design standards, a tenant could be responsible for the cost of a modification and may need to restore a unit to its original condition upon move out.



## WHAT IS REASONABLE?



In order for a requested modification or accommodation to be considered reasonable, it must:

- 1. Have an identifiable relationship—a nexus—between the request and the individual's disability.
- 2. Not impose an undue financial or administrative burden on the housing provider, or require a fundamental alteration to their services

When requesting an accommodation or modification, you may need to provide documentation which supports your request, though this does not apply when referencing an obvious disability. Various sources can provide documentation, including doctors, nurses, caseworkers, school administrators, and advocates. A housing provider cannot require a particular form of documentation and you do not have to disclose detailed medical information



Some housing providers may ask you to use a specific form or process to make a request for a reasonable accommodation or modification. You may choose to honor their requests, but it is not required. Making requests in writing will provide you with a record to rely on should you encounter any

barriers to your request being properly evaluated or approved. However, you do not have to do so.

## THE INTERACTIVE PROCESS



It is important that the person requesting a reasonable accommodation or modification and the housing provider responding to that request are willing to engage in an interactive process.



An interactive process is not unlike a negotiation. Once a request has been made, the housing provider must evaluate its merits, and whether it would result in an undue financial or administrative burden or fundamental change in their service. If

additional information is needed or the housing provider has concerns about the specific request, the person with a disability must have the opportunity to supplement or amend their original reasonable accommodation or modification request.



The result of a successful interactive process is not necessarily that a tenant gets the exact accommodation or modification they initially sought, but that both parties reach a resolution that allows the person with a disability to use and enjoy their housing

without causing the housing provider undue harm.



## **ESSENTIAL COMPONENTS OF A REASONABLE** ACCOMMODATION/MODIFICATION REQUEST

When making a reasonable accommodation request, you are only required to submit documentation that verifies:

- You have a disability if the disability is not obvious.
- The relationship between your disability and reasonable accommodation/modification if it is not obvious.

A housing provider **cannot** require you to provide the following in order to consider your request for a reasonable accommodation or modification:

- Your medical records
- Information surrounding your diagnosis, severity, and/or permanence of your disability status
- Consent for the housing provider to contact your doctor or medical provider
- Certification that your animal is an assistance animal or that it received specific training (if you are submitting a request for your assistance animal)

## LEGAL PROTECTIONS



### THE FAIR HOUSING ACT

Prohibits discrimination in housing related transactions on the basis of a person's:









Mational Origin



Religion



- Sex



Familial Status (whether or not a household includes kids under 18)

One type of disability discrimination prohibited by the Act is the refusal to make reasonable accommodations in rules, policies, practices, or services when such accommodations may be necessary to afford a person with a disability the equal opportunity to use and enjoy a dwelling.

## **AMERICANS WITH DISABILITIES ACT (ADA)**

Among other protections, the Americans with Disabilities Act requires public spaces be structurally and programmatically accessible to people with disabilities. Areas that are required to be accessible include:

- public areas at housing developments like leasing offices, public restrooms, and public parking, and
- public housing operated by state or local governments.

## SECTION 504 OF THE REHABILITATION ACT

Any housing authority that receives Federal financial assistance through the U.S. Department of Housing and Urban Development (HUD) must be accessible for people with disabilities.

Includes public and multi-family housing projects.



## RED FLAGS FOR DISCRIMINATION





A housing provider charges you a fee for your assistance animal, or requires you provide some sort of certification stating that the animal has received specific training.



A housing provider will only approve your assistance animal if it complies with the building's breed, weight, or size restrictions for pets.



A housing provider tells you they think you would prefer to live in a different location, or ignores other reasonable preferences you have stated.



A housing provider never responds to your request.



A housing provider requires you to submit their preferred forms in order to consider your request for a reasonable accommodation or modification.



A housing provider harasses you or makes fun of your disability after you submit a request.



A housing provider questions the legitimacy of your disability.



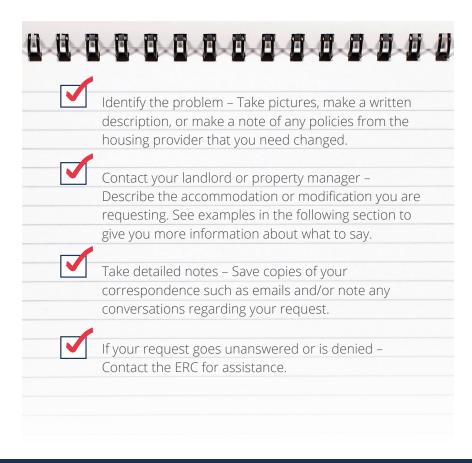
A housing provider demands you use their preferred contractor or specific materials when completing your reasonable modification.

## WHAT YOU CAN DO



Finding a home that meets your needs if you or a household member has a disability can be challenging. Remember that you have rights and there are organizations available to assist you!

Here are some steps you can take if you need a reasonable modification or accommodation:



## SAMPLE REASONABLE **ACCOMMODATION LETTER**



January 1, 2018

Dear Property Manager,

I live in Unit 300 on the third floor of ABC Apartments in Washington, DC. I am contacting you to make a reasonable accommodation request. I have a disability that makes it difficult for me to walk up and down stairs. I am requesting to transfer to the next available one-bedroom unit on the first floor so that I no longer have to walk up two flights of stairs to my unit. Please let me know by January 30th, 2018 whether my request for a unit transfer is approved.

## SAMPLE REASONABLE MODIFICATION I FTTFR



January 1, 2018

Dear Property Manager,

I will be moving into Unit 100 at XYZ Apartments in Washington, DC on February 15, 2018. I am making a request for a reasonable modification. I have a disability and use a wheelchair. As such, I would like to remove the cabinets underneath the sinks and lower the countertops in the apartment so I can fully use and enjoy my dwelling. I am prepared to cover the costs of completing this reasonable modification and to restore the unit's cabinetry to its original condition before I move out. Please let me know by January 30, 2018 whether my request for a reasonable modification is approved.

## **LETTER TEMPLATE**



Date

Dear Property Manager,

I am a current resident at (address). I am submitting a request for a reasonable accommodation. I have a disability, which causes (symptoms that cause your need for a reasonable accommodation). I have included documentation from (doctor/therapist/social worker's name) to verify my disability.\* (Symptoms) would be alleviated by (requested reasonable accommodation). I have included documentation from (doctor/therapist/social worker's name) to verify my need for (requested reasonable accommodation).\*\* Please let me know by (date) whether my request for (requested reasonable accommodation) is approved.

Best.

Your Name

<sup>\*</sup>Only necessary if your disability is not obvious

<sup>\*\*</sup>Only necessary if the relationship between your disability and the request is not obvious

## **HOW TO GET HELP**



If you believe you have experienced discrimination, you have the right to file a complaint with the Department of Housing and Urban Development (HUD) or your local governmental agency that conducts fair housing investigations.

The ERC is the only private fair housing organization dedicated to serving the Greater Washington, D.C. region and may be able to assist individuals who believe they have experienced housing discrimination in the area by:



Conducting civil rights testing



Assisting with filing a housing discrimination complaint with HUD or state/local agencies



Advocating on your behalf in relation to reasonable accommodation and/or modification requests



Providing referrals to other local resources.

## THE EQUAL RIGHTS CENTER

Main - 202-234-3062 / Toll Free - 866-549-0009 / Relay - 711 www.equalrightscenter.org / info@equalrightscenter.org





The Equal Rights Center (ERC) is a civil rights organization that identifies and seeks to eliminate unlawful and unfair discrimination in housing, employment, and public accommodations in its home community of Greater Washington, D.C. and nationwide.

The ERC's core strategy for identifying unlawful and unfair discrimination is civil rights testing. When the ERC identifies discrimination, it seeks to eliminate it through the use of testing data to educate the public and business community, support public advocacy, conduct compliance testing and training, and if necessary, take enforcement action.

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