



**HOUSING AUTHORITY OF THE
COUNTY OF SAN BERNARDINO**

HOUSING PROGRAMS REASONABLE ACCOMMODATION POLICY AND PROCEDURES

November 2020

715 EAST BRIER DRIVE, SAN BERNARDINO, CA 92408
909.890.0644 | WWW.HACSB.COM



Revised 11/20

POLICY STATEMENT

The Housing Authority of the County of San Bernardino (HACSB) is committed to nondiscrimination in housing and does not discriminate on the basis of race, color, religion, national origin, ancestry, sexual orientation, age, familial status, or physical or mental disability in the access or admission to its programs, employment, activities, functions or services.

Therefore, HACSB will make a reasonable accommodation or modification for individuals with disabilities when necessary to ensure equal access to HACSB's property and property amenities, programs, services and activities. Reasonable modifications include changes to a building, grounds or an individual apartment and reasonable accommodations include changes to policies, programs, services and procedures.

HACSB will provide accommodations or modifications as requested unless doing so is unreasonable. A request is unreasonable if it is structurally infeasible, would result in a fundamental alteration in the nature of a HACSB program, or would result in an undue financial and administrative burden. If a request is unreasonable, HACSB will work with the individual to try to accommodate his or her needs.

HACSB will post a copy of this Reasonable Accommodation Policy and Procedures at the following locations:

- The HACSB website at www.hacsb.com;
- The Administrative Office located at 715 East Brier Drive, San Bernardino, California 92408;
- The HACSB's Housing Choice Voucher (HCV) Offices;
- The management office in each public housing development, and the offices of private management companies.

LEGAL AUTHORITY

HACSB is subject to Federal civil rights laws and regulations. This Policy is based on the following statutes, and the respective implementing regulations for each Federal statute:

- Section 504 of the Rehabilitation Act of 1973 (Section 504);
- Title ii of the Americans with Disabilities Act of 1990 (ADA);
- The Fair Housing Act of 1968, as amended (Fair Housing Act);
- The Architectural Barriers Act of 1968.



MONITORING AND ENFORCEMENT

The Compliance and Admissions Specialist is responsible for monitoring HACSB's compliance with this Policy. Individuals who have questions regarding this Policy should contact HACSB's Compliance and Admissions Specialist in writing, by telephone, or by appointment as follows:

Compliance and Admissions Specialist
672 S. Waterman Avenue
San Bernardino, California 92408
(909) 890-9533 (Office)
(909) 890-5333 (FAX)
TTY: 711

STAFF TRAINING

The Compliance and Admissions Specialist will ensure that all appropriate HACSB staff receive annual training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, state and local requirements regarding reasonable accommodation.

REASONABLE ACCOMMODATION

An individual with a disability may request a reasonable accommodation at any time during the application process, residency in public housing, or participation in the Housing Choice Voucher (HCV) Program of HACSB. The individual, HACSB staff or any person identified by the individual shall put all requests in writing.

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.



APPLICATION OF REASONABLE ACCOMMODATION POLICY

The Reasonable Accommodation Policy applies to individuals with disabilities in the following programs provided by the HACSB:

- Applicants/residents of Public Housing developments;
- Applicants/participants of all Housing Choice Voucher Programs;
- Applicants/participants of all Project Based Voucher Programs;
- Applicants/participants in the Homeownership Program;
- Participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the HACSB, its agents or contractors including all non-housing facilities owned or operated by the HACSB.

INDIVIDUAL WITH A DISABILITY

"Individuals with a disability" means any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

"Physical or mental impairment" includes:

- Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine;
- 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 orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

"Major life activities means" functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The definition of "individuals with a disability" does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from participating in the program or activity in question, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others.



EXAMPLES OF REASONABLE ACCOMMODATIONS

Examples of reasonable accommodations may include, but are not limited to:

- Making a Public Housing or HACSB-owned unit, part of a unit, or public and common use areas accessible for the head of household or a household member with a disability who is on the lease; (for an individual with a disability);
- Permitting a family to have a service or assistance animal necessary to assist a household member with a disability;
- Allowing an HACSB-approved live-in aide for a resident or program participant with a disability to reside in an appropriately sized housing unit if the person is determined to be essential to the care of a person with disabilities, and would not otherwise be living in the unit;
- Permitting applications and reexaminations to be completed by mail;
- Conducting home visits;
- Transferring a family that is participating in the Public Housing Program or Project Based Voucher Program to a larger size unit to provide a separate bedroom for a person with a disability;
- Transferring a resident with a disability that is participating in the Public Housing Program or Project Based Voucher Program to a street level unit or a housing unit that is completely one level;
- Providing large-print and audio versions of key program documents,
- Providing qualified sign language interpreters;
- Installing strobe type flashing lights and other such equipment for a family member with a hearing impairment;
- Permitting an authorized designee or advocate to participate in the application or certification process and any other meetings with HACSB staff;
- Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a unit with suitable accessible features or that is otherwise appropriate for the family that has a member with a disability.



PROCESSING REASONABLE ACCOMMODATION REQUESTS

HACSB will provide the "Request for Reasonable Accommodation," ("Request Form"), Attachment A, to all individuals with disabilities who request a reasonable accommodation.

Individuals may submit their reasonable accommodation request(s) in writing, orally, or by any other equally effective means of communication. However, HACSB will ensure that all reasonable accommodation requests are put in written form. If needed as a reasonable accommodation, HACSB will assist the individual in completing the Request Form.

1. HACSB will provide all individuals the Request Form and/or Notice of Right to Reasonable Accommodation (Attachment B) as an attachment to a HACSB program application. The Request Form will be provided in an alternative format, upon request.
2. HACSB will make reasonable accommodations for individuals with disabilities during the application process. HACSB will ensure that all program applications are available in an accessible location. Applications will be made available in accessible formats. Appropriate auxiliary aids and services, including qualified sign language interpreters and readers will be provided upon request.
3. HACSB will provide all individuals who are residents with a Notice of Right to Reasonable Accommodation during any recertification, and the Request Form upon request. An individual's need for additional bedrooms as a reasonable accommodation will be re-verified during the recertification process. HACSB will provide the Request Form in an alternate form, upon request.
4. Individuals who reside in HACSB housing or receive HACSB assistance may seek accommodation(s) by submitting a Request Form at any time.
5. Within twenty (20) business days of receipt, the HACSB will notify the individual, in writing, if additional information or documentation is needed and a reply date for the submission of the required information. This notification letter may also request the completion and submittal of additional forms. For purposes of this Policy, "business day" means any day other than (i) a Saturday or a Sunday or (ii) a day on which HACSB is closed.
6. Within thirty (30) business days of receipt of the request and, if necessary, all supporting documentation, HACSB will provide written notification to the individual of its decision to approve or deny the request(s). Upon request, the written notification will be provided in an alternate format.
7. If HACSB approves the accommodation, the individual will be notified of the projected date for implementation.
8. If HACSB denies the accommodation, the individual will be notified of the reasons for denial. In addition, the notification of the denial will also provide information regarding their right to appeal.



VERIFICATION OF REASONABLE ACCOMMODATION REQUEST

HACSB may request additional documentation in order to verify the extent of an individual's functional limitations and whether the requested accommodation is substantially related to the functional limitations of the disability. In addition, HACSB may request that the individual provide suggested reasonable accommodations.

However, HACSB will not require individuals to disclose confidential medical records in order to verify a disability. In addition, HACSB will not require specific details regarding the disability. HACSB will only request documentation to confirm the disability-related need(s) for the requested accommodation(s). HACSB may not require the individual to disclose the specific disability(ies) or the nature or extent of the individual's disability(ies).

The following may provide verification of an individual's disability and the need for the requested accommodation(s): (1) physician; (2) licensed health professional; (3) professional representing a social service agency; or (4) disability agency or clinic.

DENIAL OF REASONABLE ACCOMMODATION REQUEST(S)

Requested accommodations or modifications will not be approved if one of the following would occur as a result:

1. A violation of state and/or Federal law;
2. A fundamental alteration in the nature of the applicable HACSB program;
3. An undue financial and administrative burden on HACSB;
4. A structurally infeasible alteration;
5. An alteration requiring the removal or alteration of a load-bearing structural member; or
6. There is no disability-related need for the accommodation.



TRANSFER AS REASONABLE ACCOMMODATION IN PUBLIC HOUSING OR PROJECT BASED VOUCHER COMMUNITY

When a public housing or Project Based Voucher 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 or accommodating unit in that resident's development or another HACSB development, HACSB may offer to transfer the resident to the vacant unit in his/her development or another HACSB development in lieu of providing structural modifications.

If the resident accepts the transfer, HACSB will work with the resident to obtain moving expenses from social service agencies or other similar sources. If that effort is unsuccessful within thirty (30) business days of the assignment of the dwelling unit, HACSB shall pay the reasonable moving expenses, including utility fees and deposits.

RIGHT TO APPEAL

If a request for accommodation is denied, individuals may file a request for an appeal with the Reasonable Accommodation Review Committee for evaluation and final decision. Requests can be made to the Property Manager, HCV Supervisor or the Compliance and Admissions Specialist:

Compliance and Admissions Specialist
672 S. Waterman Avenue
San Bernardino, California 92408
Office: (909) 890-9533
Fax: (909) 890-5333
TTY: 711

An individual may, at any time, exercise their right to appeal a HACSB decision through the local HUD office or the U.S. Department of Justice. Individuals may contact the local HUD office at:

U.S. Department of Housing & Urban Development
Los Angeles Field Office
300 North Los Angeles Street, Suite 4054 | Los Angeles, CA 90012
Phone: (213) 894-8000
Fax: (213) 894-8107
TTY: (213) 894-8133



ATTACHMENTS

ATTACHMENT A - Request for Reasonable Accommodation

ATTACHMENT B - Notice of Right to Reasonable Accommodation



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REASONABLE ACCOMMODATION REQUEST

Date of Original Request: _____ Verbal Written (check one)

Date Form Completed (If Different from Date of Original Request): _____

Family Head of Household: _____

Address: _____

Cell Phone: _____ Home Telephone: _____

Email Address: _____

Medical Documentation Attached. *You do not have to attach medical documentation to this request to invoke your rights to reasonable accommodation. Verifications may be obtained after you submit your request, but before a decision is made.*

I am requesting the following reasonable accommodation(s):

_____ Live-in Aide

_____ Additional Bedroom

_____ Assistance required completing paperwork

_____ In-home appointment (due to medical condition/age)

_____ Translation service Language needed: _____

_____ Other: (Be as specific as possible) _____

(Please feel free to attach further justification)

Requestor's Signature

Phone Number

Date

List the name of the health care provider who can verify the disability and the need for the accommodation requested. This should be the individual providing professional services that relate to the disability.

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Please return completed, signed and dated forms to your local HACSB office or directly to the Property Manager / Caseworker of the Resident / Participant.



REASONABLE ACCOMMODATION VERIFICATION OF NEED

Dear Knowledgeable Professional:

The individual listed below considers him or herself to be disabled and has asked for an accommodation from this agency to meet certain needs he or she believes are dictated by the disability. The Housing Authority of the County of San Bernardino (HACSB) grants reasonable accommodation requests based in part by verification of need from a knowledgeable professional who has direct experience with an individual's disability. You have been authorized to release information to us regarding the need for an accommodation. Please be aware of the following while completing this request:

- Do not send us the medical records of the individual requesting your verification.
- Do not include any details which disclose the nature or severity of the individual's disability. This information is not necessary to verify the needed requested adjustment.

PART I. HOUSEHOLD MEMBER'S INFORMATION			
Last Name	First Name	Middle Initial	
Address			
City	State	Zip Code	Daytime Telephone Number ()

I, _____ authorize _____
(Applicant/Resident/Participant's Name) (Knowledgeable Professional)

to disclose relevant information to HACSB regarding the need for a reasonable accommodation for _____. I understand the information that HACSB obtains will be kept confidential and used solely to determine if an accommodation should be provided. I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. (California Penal Code Section 118.)

Signature of Applicant/Resident/Program Participant

Date

Please return completed, signed and dated forms to: HACSB

HACSB Representative Name:
HACSB Title: Housing Services Specialist
Address:
Phone / Fax:

PART II. THIS SECTION TO BE COMPLETED BY A KNOWLEDGEABLE PROFESSIONAL

Name of individual seeking verification: _____

A "disability" is defined as a physical or mental impairment which limits one or more of a person's major life activities¹, a record of having such an impairment, or being regarded as having such impairment.

1. Does this individual have a disability, as defined above? Yes ___ No ___

2. If yes, does this individual, because of this disability, need a reasonable accommodation made to either their unit, or other parts of the housing complex, or to house rules, policies, practices, or services of the HACSB to have an equal opportunity to use and enjoy his or her dwelling? Yes ___ No ___

3. If yes, please describe the accommodation needed (which must directly relate to the accommodation requested). **Changes must be necessary**, NOT only desirable):

Use separate sheet to provide additional information (please print clearly)

¹ Major life activities include, but not limited to: performing tasks, caring for oneself, walking, talking, seeing, hearing, breathing, learning, or working.

PART III. KNOWLEDGEABLE PROFESSIONAL INFORMATION

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. (California Penal Code Section 118.)

FRAUD AND FALSE STATEMENTS

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the United States Government, the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

I understand that I may be contacted by the HACSB to verify the information I have provided or to provide further information/clarification regarding this request. Furthermore, I understand that I may be contacted or otherwise subpoenaed to provide testimony in a court of law, administrative hearing and/or other legal action with respect to the information I have provided within or related to this document. By signing this document, I certify under penalty of perjury that the information and statements I have provided as part of and/or in support of this request for a reasonable accommodation are to the best of my knowledge true and accurate. I also certify that I have reviewed all attached documents pertaining to this request.

Knowledgeable Professional's Signature			AGENCY STAMP	
X				
Knowledgeable Professional's Name (Print)		License or Certificate Number/Issuing State		
Title:				
Address				
City	State	Zip Code	Telephone Number ()	



Notice of Right to Reasonable Accommodation

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

- An exception in the rules/policies or how we do things
- A change or modification in your apartment
- A change or modification to some other part of the buildings or grounds
- A change in the way we communicate with you or give you information

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

If you can show that you have a disability and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to make the changes you request.

Your request will be answered within thirty (30) business days unless there is a problem getting the information we need or you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If your request is turned down, we will explain the reasons and you can give us more information if you think that will help us reconsider our decision.

If you need help filling out a **REASONABLE ACCOMMODATION REQUEST FORM** or if you want to give us your request in some other way, we will also help you.

You can get a **REASONABLE ACCOMMODATION REQUEST FORM** at the Management Office.

Housing Authority of the County of San Bernardino does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs or activities.