



# Navigating the Reasonable Accommodation Process

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This toolkit has been created to help Homes for Good applicants and program participants navigate the reasonable accommodation process. We've also provided additional resources you may find helpful.

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# KEY DEFINITIONS

**Before we review the steps in the reasonable accommodation process, let's define some key terms used throughout this toolkit.**

## **Reasonable Accommodation**

A reasonable accommodation is a change, exception or adjustment to a rule, policy, practice or service that allows a person with a disability to use and enjoy housing, including public and common use areas. Common examples of reasonable accommodations are:

- Providing rental forms in large print
- Providing a reserved accessible parking space near a dwelling
- Allowing a service animal in a "no pets" building

## **Reasonable Modification**

A reasonable modification is a structural change made to a living space or to a common area of a community, which is necessary to enable the resident with a disability to have full use of and enjoyment of the housing. Common examples of reasonable modifications are:

- Installing grab bars in a bathroom
- adding a ramp and handrails to make a main entrance accessible
- Altering a walkway to provide access to a public or common use area

**For the purposes of this toolkit, we will use the term "reasonable accommodation" to refer to both accommodations and modifications.**

**\*If you are a housing choice voucher holder and do not live at a Homes for Good property, please contact your landlord directly to request modifications to your unit.**



# KEY DEFINITIONS

## **Disability**

Under Fair Housing laws, a disability is defined as a physical or mental impairment that substantially limits one or more major life activity, a record of having such an impairment, or being regarded as having such an impairment.

## **Major Life Activity**

A major life activity is a function that is important to most people's daily lives. This can include but is not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, lifting, bending speaking breathing, learning, reading, concentrating, thinking, communicating and working.

This also includes major bodily functions such as immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

## **Healthcare Provider or Qualified Professional**

If a disability and/or related need are not readily apparent or obvious, Homes for Good may require information from a healthcare provider or qualified professional. This information is typically provided by a doctor or other medical professional. However, a qualified professional such as a peer support advocate, non-medical service agency or a reliable third party who is in a position to know about an individual's disability may also provide verification of a disability and related need.

The documentation that can be requested is a statement of verification from a doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about the person's disability and the need for reasonable accommodation. For more information, see the joint HUD and Dept. of Justice guidance memo on reasonable accommodations online at [www.usdoj.gov/crt/housing/joint\\_statement\\_ra\\_5-17-04.pdf](http://www.usdoj.gov/crt/housing/joint_statement_ra_5-17-04.pdf).



# STEP 1

## Complete Section 1 of the Reasonable Accommodation Request Form

Be sure to:

- Write neatly or type using the digital version of the form
- Provide the reason you are requesting a reasonable accommodation
- Sign the form giving Homes for Good permission to contact your healthcare provider or qualified professional if necessary to process your request



## STEP 2

# Read Section 2 of the Reasonable Accommodation Request Form - Definition of Disability

HUD defines a disability as:

- A physical or mental impairment that substantially limits one or more of a person's major life activities
- A record of having such an impairment, or
- Being regarded as having such an impairment



This includes both physical and mental impairments including physiological and psychological disorders and conditions.

## STEP 3

# Have your Healthcare Provider or Qualified Professional complete Section 3 of the Reasonable Accommodation Request Form

Your healthcare provider or qualified professional should complete this section. They need to:

- **Confirm that a disability related need exists**
- **Provide the estimated duration of the disability related need**
- **Provide information about which major life activities are impacted by your impairment**



Continued on next page

## STEP 3

- Describe how the requested accommodation will assist you with the limitation posed by a disability, removing barriers to housing and allowing you to fully access and utilize the program
- Provide alternative accommodations that could potentially meet the disability related need if the original request cannot be granted
- Provide their contact information
- Sign and date the form



**Note: While a letter from your healthcare provider or qualified professional may be acceptable, to ensure quick and efficient processing of your request, we recommend using our form, as it includes the necessary information we need to make a determination.**



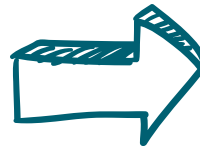
# STEP 3

**If your disability is known or obvious, and if the need for the requested accommodation is also readily apparent or known, Homes for Good will not require verification from your healthcare provider or qualified professional.**



An applicant with an obvious mobility impairment asks for an assigned parking space near the entrance to the building. The disability and the related need are both readily apparent so additional information is not required.

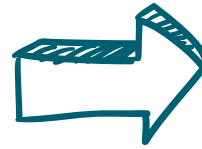
**If your disability is known or obvious, but the need for accommodation is not readily apparent or known, we may request only information that is necessary to evaluate the disability related need for accommodation.**



A resident who uses a wheelchair requests to keep an assistance dog in their unit despite a "not pets" policy. The disability is apparent, but the need for an assistance animal is not, so we will ask for more information including a statement from a healthcare provider or qualified professional.

# STEP 3

**If your disability is not known or obvious, we will request information from your healthcare provider or qualified professional to confirm a disability related need exists, and to confirm that the requested accommodation meets this need.**



**An applicant with a mental health disorder requests to receive digital communications from Homes for Good instead of letters sent via USPS. Since the disability and related need are not apparent, we will ask for more information including a statement from a healthcare provider or qualified professional.**

# STEP 4

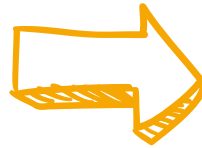


## Submit the Completed Request to Homes for Good

Participants and applicants in a voucher program (Housing Choice Voucher, Project Based Voucher, VASH, Emergency Housing Voucher)



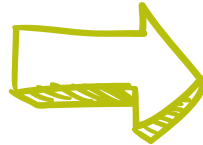
**Email**



[paperwork@homesforgood.org](mailto:paperwork@homesforgood.org)



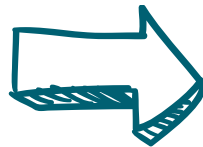
**Fax**



**(541) 682-3411**



**Mail or  
Drop Off**



**100 W 13th Avenue  
Eugene, OR 97401**

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# STEP 4

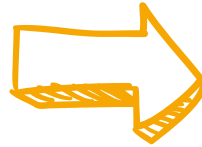


## Submit the Completed Request to Homes for Good

Residents who live in a Homes for Good managed community



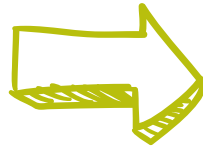
**Email**



Your Property Manager  
(see page 20)



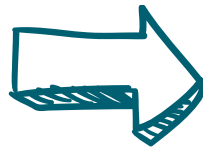
**Fax**



(541) 682-3411



**Mail or  
Drop Off**



100 W 13th Avenue  
Eugene, OR 97401

# STEP 5

## Respond to Information Requests



**Sometimes we may need more information about your request and your needs. If this happens, we will let you know what information we need.**

**You can help speed up the process by:**

**Completing the entire request form, being sure to sign Section 1**

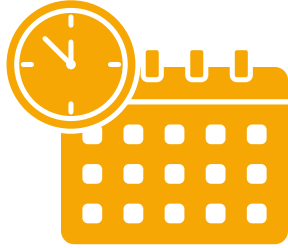
**Communicating with the ADA Coordinator.**

**They can help you complete the form if you have questions or need assistance**

**Making sure your healthcare provider or qualified professional responds to requests for more information in a timely manner**

## STEP 5

### Respond to Information Requests



**If we ask for more information and we do not hear from you within 120 days, we will close your case.**

**If this happens, we will send you a notice with contact information for the ADA Coordinator with instructions on how to reopen your request.**

## STEP 6

### Interactive Discussion



**We may need to talk to you and/or your health care provider/qualified professional about your specific needs, the suggested accommodation and other options that could meet your disability related need.**

# STEP 7

## Decision



Once we have the information we need, we will make a decision. Our goal is to work with you to provide accommodations that eliminate barriers to housing so you can fully utilize our programs.

Most of our reasonable accommodation requests are approved. However, we may deny your request if:

The request is not made by or on behalf of a person with a disability, or if there is no disability-related need for the accommodation

Providing the accommodation would impose an undue financial or administrative burden

Providing the accommodation would fundamentally change the nature of the program



# STEP 7

## Decision



**We recognize that you are most familiar with your disability and are in the best position to determine what type of accommodation will be effective to meet a disability related need.**

**If we deny a request for accommodation, we will discuss other options with you that could meet your disability related need without a fundamental change to our operations and without imposing an undue financial or administrative burden.**



# RESOURCES

## Resources

[HUD Reasonable Accommodation FAQs](#)

[Joint Statement - HUD & DOJ - Reasonable Accommodations Under the Fair Housing Act](#)

[Joint Statement - HUD & DOJ - Reasonable Modifications Under the Fair Housing Act](#)

[Legal Aid Services of Oregon - Oregon Landlord - Tenant Law](#)

[Notice on Service Animals & Assistance Animals for People with Disabilities in HUD-funded Programs](#)

[Fair Housing Council of Oregon](#)



# RESOURCES

## Common Disability Accommodations & Modifications

Some common reasonable accommodations and modifications are listed below by disability. Please know that this list is not exhaustive, as each request for accommodation is unique to the individual and their disability related needs.

Vision Disabilities	Hearing Disabilities	Cognitive Disabilities	Physical Disabilities	Psychiatric Disabilities	Environmental Disabilities
<ul style="list-style-type: none"> <li>• Allow a guide dog</li> <li>• Read notices aloud or put them in large font or braille.</li> <li>• Provide ample lighting</li> <li>• Provide documents in digital format</li> <li>• Remove objects that protrude into hallways</li> <li>• Put non-slip, color contrast strips on stairs</li> </ul>	<ul style="list-style-type: none"> <li>• Provide a doorbell signaler.</li> <li>• Provide a visual smoke alarm system.</li> <li>• Add voice amplification for phones in common areas.</li> <li>• Provide sign language interpreters for important meetings.</li> <li>• Allow a service animal.</li> </ul>	<ul style="list-style-type: none"> <li>• Explain the rental agreement &amp; community rules.</li> <li>• Write application, rental agreement &amp; notices in simple terms.</li> <li>• Show how to use appliances.</li> <li>• Provide monthly reminder that rent is due.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure the on-site rental office is accessible.</li> <li>• Allow a live-in aide.</li> <li>• Provide lever door handles &amp; automatic door closers.</li> <li>• Clear shrubs from pathways &amp; trim to low height.</li> <li>• Allow modifications for wider doorways, ramps, grab bars</li> </ul>	<ul style="list-style-type: none"> <li>• Allow a service animal.</li> <li>• Upon request, notify an authorized third party of compliance issues.</li> <li>• Provide assistance with required paperwork.</li> </ul>	<ul style="list-style-type: none"> <li>• Use non-toxic fertilizers &amp; cleaning products.</li> <li>• Allow removal of carpet.</li> <li>• Remove the ballast on fluorescent lights.</li> <li>• Post "no smoking" signs in common areas.</li> </ul>



If you are a Housing Choice Voucher or other voucher based program participant and do not live in Homes for Good managed housing, you may need to contact your Landlord to request any modification(s) to you unit.

# RESOURCES

## Contacts

**Greg Frazer**  
**ADA Coordinator**  
**Homes for Good**  
**gfrazer@homesforgood.org**  
**(541) 682-3404**

**Travis Baker**  
**Property Manager**  
**Homes for Good**  
**tbaker@homesforgood.org**  
**(541) 682-2595**

**Alli Schwartz**  
**Property Manager**  
**Homes for Good**  
**aschwartz@homesforgood.org**  
**(541) 682-2573**

**Maryanne Bussey**  
**Property Manager**  
**Homes for Good**  
**mbussey@homesforgood.org**  
**(541) 682-2569**

**Nicole Tarricone**  
**Property Manager**  
**Homes for Good**  
**ntarricone@homesforgood.org**  
**(541) 682-2591**

**Andrea Bishop**  
**Portfolio Manager**  
**Homes for Good**  
**abishop@homesforgood.org**  
**(541) 682-2596**

**U.S Dept of Housing & Urban Development - Portland Field Office**  
**1220 SW Third Avenue**  
**Suite 400**  
**Portland, OR 97204-2825**  
**OR\_Webmanager@hud.gov**  
**(971) 222-2600**





## REASONABLE ACCOMMODATION REQUEST FORM

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### SECTION 1: CLIENT'S REQUEST FOR REASONABLE ACCOMMODATION AUTHORIZING RELEASE OF INFORMATION

This request is for (family member): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am a:

Voucher Holder or applicant (HCV, Section 8, VASH) Last 4 SSN: \_\_\_\_\_

Resident of a Homes for Good Managed Community Property Name: \_\_\_\_\_

#### **A reasonable accommodation, modification or exception to a policy is being requested for the following reason(s):**

Please describe the accommodation you are requesting and how it will assist you by removing barriers to housing and allow you to fully access and utilize Homes for Good's program(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section 504 allows Homes for Good to obtain confirmation that the reasonable accommodation request is consistent with the client's disability as defined below. To determine whether your request for accommodation is reasonable, we require an impartial, knowledgeable and qualified professional to complete Section 3 of this form. Therefore, your consent authorizing the release of this information is necessary. This information will be held in confidence for use in evaluating the reasonable accommodation request.

By signing below, you authorize the qualified professional to release specific information requested in Section 3 of this form to Homes for Good Housing Agency to verify the request for reasonable accommodation (*this form should be signed by the disabled member of the household requesting accommodation. Note: if the disabled member is a minor, the parent/guardian must sign on their behalf*).

X \_\_\_\_\_

*Signature Authorizing Release of Information*

\_\_\_\_\_ *Date*

If you have any questions, please call Greg Frazer, ADA Coordinator at (541) 682-3404.

### SECTION 2: HUD DEFINITION OF DISABILITY

Section 504 of the Rehabilitation Act of 1973 & Fair Housing Amendments define a "disability" as:

- A physical or mental impairment that substantially limits one or more of the person's major life activities\*
- A record of having such an impairment, or
- Being regarded as having such impairment

\*Physical & mental impairments including physiological disorders or conditions, and mental or psychological disorders.

**SECTION 3: HEALTHCARE/QUALIFIED PROFESSIONAL'S CERTIFICATION OF NEED FOR ACCOMMODATION**

Dear Healthcare or qualified professional,

We ask that you carefully review this patient's/client's request and verify, using your professional opinion, the existence of an impairment that substantiates the reasonable accommodation request. Requests will be considered on a case-by-case basis, as people with the same disability may not need or desire the same type of accommodation. To help us make an informed decision, please write legibly.

Please note that such accommodations must be necessary because of the person's disability as opposed to a change that merely benefits the individual. We ask that you give careful, thought to this matter as this affects the total number of families we can assist.

**FOR HEALTHCARE/QUALIFIED PROFESSIONAL TO COMPLETE:** *This is not a request for medical records or detailed information about the disability.* Please limit your remarks to describing the functional limitation(s) and to confirming that the accommodation that is requested above is relevant to the client's need. Thank you.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Does the individual have a disability, as defined on the previous page?  Yes  No

➤ **If you answered "Yes," please answer questions 2-5. If you answered no, please sign and return this form.**

2. Please give us an idea of how long the need will last.

Temporary (12 months or less)  Permanent (lifelong)  Other \_\_\_\_\_

3. The following are major life activities as defined in Section 504 of the Rehabilitation Act. Please check all the activities that are affected by the patient's diagnosed impairment and are connected to the accommodation request.

Self-Care  Manual Tasks  Walking  Vision  Hearing

Speaking  Breathing  Learning  Working  Other \_\_\_\_\_

4. Please describe how the requested accommodation will assist your patient/client with the limitation(s) posed by the disability, removing barriers to housing and allowing them to fully access and utilize the program *(please print)*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If the accommodation cannot be provided, please list all alternatives that would serve to make the housing program accessible *(please print)*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that it is my professional opinion that the above-named individual has a qualified disability that has a direct and verifiable need for accommodation in order to fully utilize the housing program. I understand that I could be called to testify regarding the validity of the information provided in this form. I further certify that my professional opinion is in compliance with all applicable laws, regulations, standard industry practices and licensing guidelines.

Professional's Name: \_\_\_\_\_ Professional's License No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_