



Reasonable Accommodation Policy and Procedures

April 2015

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Allentown Housing Authority
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1. Introduction

A. Non-discrimination policy

The Allentown Housing Authority (AHA) does not discriminate on the basis of race, sex, color, religion, national origin, familial status, age, disability, sexual orientation, gender identity or marital status in the access or admission to its programs or employment, activities, functions or services.

B. Purpose and objectives of policy

This Reasonable Accommodation Policy ("Policy") sets forth the guidelines of the AHA in making reasonable accommodations for qualified applicants or residents with disabilities to provide them an equal opportunity to use and enjoy the AHA's programs, facilities, and services. It is intended to communicate the AHA's position regarding reasonable accommodations for persons with disabilities in connection with the agency's housing programs, facilities and services; establish guidance for implementing such a Policy; and set forth a Policy and procedures that comply with applicable federal, state and local laws to ensure accessibility for persons with disabilities to housing programs, benefits and services administered by the AHA.

For clarity and consistency the terms "individual(s)", "family" and "families" will be used throughout this policy and will be defined as, and include, applicants and participants of the Housing Choice Voucher Program, applicants and residents of Public Housing and AHA sponsored multi-family housing, inquiring about or requesting a reasonable accommodation.

C. Governing laws and regulations

AHA's Policy is governed by the following

- i. Title VI of the Civil rights Act of 1964 (Endnote 1)
- ii. Title VIII of the Civil rights Act of 1968 (Endnote 2)
- iii. Section 504 of the Rehabilitation Act of 1973 (Endnote 3)
- iv. Americans with Disabilities Act of 1990 (Endnote 4)
- v. Pennsylvania Human Relations Act of 1955 (Endnote 5)
- vi. Allentown Human Relations Act (Endnote 6)

D. Notice to applicants, participants, residents

A notice of the right to reasonable accommodation¹ shall be posted in the Administrative Office of the AHA located at 1339 Allen Street, Allentown, Pennsylvania and at each AHA Public Housing Authority office. This Notice and these Policy and Procedures shall also be posted on the AHA's website (www.allentownhousing.org) and be made available, without charge, to anyone upon request. This notice shall be made a part of briefings and at other meetings with families as appropriate.

¹ See forms in Appendix.

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2. What Is a Reasonable Accommodation / Modification?

A. Reasonable accommodation definition and examples

A reasonable accommodation is a change or modification of AHA's policies, practices or procedures for people with disabilities that is necessary to insure equal access to AHA's premises, amenities, services and programs. Examples of reasonable accommodation:

- i. Forms in large print
- ii. Larger unit or higher utility allowances
- iii. Extended housing search period

B. Reasonable modification definition and examples

A reasonable modification is a structural change made to existing premises, occupied or to be occupied by a person with disability, in order to afford such person full enjoyment of the premises. Examples of reasonable modification:

- i. Flashing light attached to doorbell
- ii. Replacement of door knobs with lever hardware
- iii. Installation of fold-back hinges on a door

C. Disability definition

The definition of a person with a disability for purposes of a reasonable accommodation follows the definition in Section 504 of the Rehabilitation Act, the American with Disabilities Act, the Federal Fair Housing Act, and any other applicable statutes:

- i. "Disability" means a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.
- ii. Major life activities include, but are not limited to, caring for one's self, performing manual tasks, walking, seeing, hearing, breathing, learning, working, thinking, eating, standing, lifting, concentrating, communicating, and sleeping.

D. Exceptions

The term disability does not include current use or current addiction to illegal drugs. "Current" means:

- i. It occurred recently enough to justify a reasonable person to believe that the use is current; or
- ii. That continuing use is a real and ongoing problem.

Where there is evidence of prior use of illegal drugs and the family contends he/she is not engaged in current use, the family must provide evidence of recovery and be willing and able to be lease compliant. Examples of "evidence of recovery" include, but are not limited to, proof of completion of a supervised drug

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or alcohol rehabilitation program, other proof of a successful rehabilitation (i.e., willingness to participate in social service or other appropriate counseling) and/or currently participating in a supervised drug or alcohol rehabilitation program. An individual is not eligible for a reasonable accommodation if:

- i. He/she poses a direct threat to the health or safety of other individuals and this cannot be mitigated by a reasonable accommodation, or he/she would cause substantial damage to property. The AHA will make an assessment based on reliable objective evidence (e.g., current conduct, or a recent history of overt acts) to determine the likelihood of causing a direct threat to the health or safety of other individuals or causing substantial damage to property
- ii. The AHA will take into consideration the nature, duration, and severity of the risk of injury, and the probability that injury will actually occur.² He/she is not otherwise qualified for the AHA program and this cannot be mitigated by a reasonable accommodation.

Reasonable accommodations will be made up to the point of undue financial or administrative burden, or requiring changes fundamental to the program in accordance with the provisions of Section 3D of this policy. Reasonable modifications will be made up to the point of structural infeasibility, or undue financial or administrative burden.

² Joint Statement of the US Dept. of Housing and Urban Development and the US Dept. of Justice, Reasonable Accommodations under the Fair Housing Act, 2004

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3. Reasonable Accommodation/ Modification Request & Evaluation Criteria

A. Request

AHA must receive a request for the accommodation or modification.

- i. The request does not have to come from the disabled person in question. Any person may make the request on behalf of the disabled person.
- ii. The request does not have to be in any particular form nor do the words “reasonable accommodation” need to be used.
- iii. The request may be verbal, although the AHA prefers written requests.
- iv. The request may be presented at any point in time during intake, admissions, tenancy, or participation in any of AHA’s programs or services.
- v. AHA will only consider requests made after termination of assistance when there is a compelling reason to evaluate the merits of the request that is directly related to the disability.

B. Disability

The accommodation or modification must be for a person who has a condition that meets the definition of disability. Such persons include the head of household as well as any household members.

- i. It is not necessary for the AHA to know the details of a disability.
- ii. The AHA will not require access to confidential medical records in order to verify a disability.
- iii. The AHA will request only information that is necessary to evaluate the disability- related need for the accommodation.
- iv. When a disability, as defined in Section 2 C of this policy, is obvious or known to staff, documentation of the disability will not be required. Examples of a “known” or “obvious” disability include, but are not limited to, inability to walk, blindness, deafness, or a disability that has previously been documented.
- v. When the disability and/or need is not obvious or known to staff, requests will require verification that the individual meets the definition of disability, and when relevant, that the accommodation is likely to resolve the problem.

C. Relationship of request to disability

To demonstrate that a requested accommodation is necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individuals’ disability.

- i. The requested accommodation or modification must be necessary for the disabled person’s full enjoyment of AHA programs, facilities, employment, or premises;
- ii. The necessity must be substantially related to the individual’s disability.

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- iii. AHA is not obliged to provide accommodations or modifications that may be necessary to the individual, but are for reasons that do not substantially relate to the disability.

D. Reasonableness

The requested accommodation or modification must be reasonable. A request is not reasonable if any of the following are true:

- i. Undue Financial and Administrative Burden on AHA
- ii. The determination of undue financial and administrative burden will be determined on a case-by-case basis. Relevant factors include:
 - a. The administrative cost and burden of the requested accommodation in comparison with the administrative cost of regular operations,
 - b. Limits or availability of AHA's overall resources;
 - c. The benefits that the accommodation would provide the family,
 - d. The availability of other, less expensive, alternative accommodations that would effectively meet the family's disability-related needs, and
 - e. The possibility of recouping costs from another source.
- iii. Fundamental Alteration in the Nature of AHA's Program: The request would, if approved, fundamentally alter AHA's program. This means that the request, if granted, would require the AHA to provide a program or service that it does not normally provide, such as medical or transportation services.

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4. Communication

The process of receiving, evaluating and responding to requests for reasonable accommodation should take place in the context of a cooperative relationship between the AHA staff and the program applicant, participant or resident. Reasonable accommodation evaluation shall be focused on the individual family and designed to address each family's situation.

All written documents required by or resulting from the Policy must contain plain language and be available in appropriate alternative formats in order to communicate information and decision to the person requesting the accommodation.

Any required meetings with a person with disability will be held in an accessible location convenient for the family.

If requested, AHA will permit an advocate, friend or service provider to assist the person with a disability at any meetings, conferences or interviews. Upon request, AHA will arrange to send a copy of any notice to an authorized third party representative as well as to the Client.

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5. Documentation

When documentation is necessary, the AHA strongly recommends that families use AHA forms.

AHA may require a **Request for Reasonable Accommodation/Modification** and **Authorization for Release of Information**, a **Certification of Need for Reasonable Accommodation**, a **Verification of Disability Form**, or a **Request for Additional Information Form** if other materials and verification provided do not adequately document the request for reasonable accommodation or modification. These AHA forms can be obtained at public housing management offices, the AHA Administrative Office, and the program form section of the AHA website.

The AHA may request only information that is necessary to evaluate the disability related need for the accommodation. No additional documentation will be required where the disability and the related need for an accommodation are readily apparent or otherwise known to the AHA.

All information gathered in this process must be kept confidential and must not be shared with other AHA staff persons unless they need the information to implement the request. AHA will adhere to the requirements outlined in the Privacy Act and in PIH Notice 2014-10.

It is the responsibility of the person requesting the accommodation to secure such documentation or to give AHA the information necessary to secure such documentation. Documentation must come from a reliable source with sufficient professional and personal knowledge of the applicant/resident to answer the applicable questions.³ Sources may include health care providers, therapists, case managers and service providers.

The AHA has the right to sufficient documentation to make a decision, but does not have a right to diagnosis, medical history or treatment unless directly relevant to a reasonable accommodation request. For example, in response to a request for accommodating chemical sensitivity, the AHA could request a list of the specific materials to which an individual is sensitive. The protection of confidentiality shall extend to all information contained within an individual file of a family, and reasonable accommodation logs, and all other AHA files which relate to the nature or effects of an individual's disability. Staff will be instructed to redact all written information provided that is disability or medical in nature and is not necessary to the evaluation or implementation of a reasonable accommodation.

³ Designations may include MD, DO, LCPC, LCSW, LMSW, APRN-BC, NP, Ph.D., Psy.D., M.A., and P.A.. Appendix 2 Definitions.

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Individuals requesting a reasonable accommodation based on disability shall upon request be entitled to copies of all documents in their files (including paper and electronic records) which relate to their reasonable accommodation request in accordance with applicable law. In addition, upon written request of an individual with a disability access to such documents shall be provided to his or her authorized third party representatives.

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6. Unit Transfers

If an approved reasonable accommodation request involves transferring to a different unit, the following will apply:

- i. If an appropriate unit is not available, a public housing resident will be placed on a waiting list for another public housing unit, which may be in a different housing development.
- ii. Housing Choice Voucher Program participants will be issued a voucher in order to search for an appropriate unit within the AHA jurisdiction or to another public housing authority jurisdiction in accordance with HUD and AHA portability policies and procedures.
- iii. A public housing resident may be offered a Housing Choice Voucher if the disability and housing situation is an emergency and if the AHA has available vouchers. For purposes of this policy, “emergency” shall be defined as a situation posing a serious and immediate health or safety threat to the household member with a disability than cannot be resolved within a reasonable time period by some means other than moving from the unit, verified by a health professional.

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7. Assistance Animals

Assistance animals are not pets. They are animals that work, provide assistance, or perform tasks for the benefit of a person with a disability, or animals that provide emotional support that alleviates one or more identified symptoms or effects of a person's disability.

Assistance animals, often referred to as "service animals," "assistance animals," "support animals," or "therapy animals", perform many disability-related functions, including but not limited to guiding individuals who are blind or have low vision, alerting individuals who are deaf or hearing impaired to sounds, providing minimal protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support.

The AHA will modify or provide an exception to a specific rule in its Pet Policy to permit a person with a disability to use and live with an assistance animal in accordance with Section 504 of the Rehabilitation Act and the Fair Housing Act unless:

- i. The animal poses a direct threat to the health or safety of others that cannot be reduced or eliminated by a reasonable accommodation,
- ii. The animal would cause substantial physical damage to the property of others,
- iii. The presence of the assistance animal would pose an undue financial and administrative burden to the provider, or
- iv. The presence of the assistance animal would fundamentally alter the nature of the provider's services.

The fact that a person has a disability does not automatically entitle him or her to an assistance animal. There must be a relationship between the person's disability and his or her need for the animal.

The AHA will not require an applicant or tenant to pay a fee or a security deposit as a condition of allowing the applicant or tenant to keep an assistance animal. However, if the assistance animal causes damage to the resident's unit or the common areas of the development, the AHA, at that time, will charge the resident for the cost of repairing the damage in accordance with the AHA's policy and the resident's lease.

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8. Procedures

A. Requests

Families may make Reasonable Accommodation requests at any time and may make them verbally, although for reasons of clarity for both parties, AHA's preference is that requests be in writing.

A **Request for Reasonable Accommodation/Modification and Authorization for Release of Information** form may be obtained from public housing management offices, the Allentown Housing Authority Administrative Offices located at 1339 Allen Street, Allentown, PA 18102, and the program forms section of the AHA website (www.allentownhousing.org).

AHA Staff will assist families who need assistance and will accept requests in alternate format, if necessary because of a disability, such as tape recordings of information, large type, or bold print.

Requests for reasonable accommodation and modification may be submitted to any AHA staff person or its agent but will promptly be passed on to the appropriate person (Management Aide, Assistant Property Manager, Property Manager, or 504/ADA Coordinator).

Management Aides, Assistant Property Managers, and Property Managers are authorized to process reasonable accommodation requests. Within two days of receipt of a request for a reasonable accommodation, the staff person will send an acknowledgement of receipt of the request in writing with appropriate contact information for the staff person.

The 504/ADA Coordinator shall approve or deny a reasonable accommodation request in writing as soon as possible, but within 14 calendar days if there is no additional verification required, or within 14 calendar days of receiving sufficient verification to make a decision.

B. Verification and Documentation

If, in order to evaluate the reasonable accommodation request in accordance with established policy, additional information is required, the **Certification of Need for Reasonable Accommodation/ Modification** and/or **Verification of Disability Form** will be sent to the appropriate person or agency with the Request and Release of Information Form signed by the Requester. If additional information from the family is needed, a **Request for Additional Information Form** will be sent. Requests will specify a reasonable deadline for completion and return of the verification, documentation or additional information.

C. Evaluation of Requests/ Approvals and Denials

If the 504/ADA Coordinator, based on evidence, determines that the person requesting the accommodation is not a person with a disability as defined in

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Section 2C of this policy or that there is no link between the disability and the accommodation requested, he/she will contact the family (in writing and by any other means that may expedite the process) and offer to schedule a conference to discuss the status of the request.

If, during a private conference with the family, the Coordinator determines that additional information is needed from the family or that additional verification or documentation regarding the request is required from a health professional or qualified service provider whose function is to provide services to the disabled, the Coordinator will proceed to request the additional information. If no such additional information is required, the Coordinator will provide the family with a written decision denying the request.

If the 504/ADA Coordinator, based on evidence, determines that a request is not structurally feasible, poses an undue financial or administrative burden or requires a fundamental change in the nature of the program, he/she will follow the process set out below:

- i. Financial or Administrative Burden. The 504/ADA Coordinator will notify the family in writing that the request constitutes a financial or administrative burden, with an explanation of the reasons, and offer to make changes that do not pose such a burden if possible under the circumstances. Notice shall also include the right to appeal the decision.
- ii. Structural Infeasibility. The 504/ADA Coordinator will notify the family in writing that the request constitutes a structural infeasibility, with an explanation of the reasons, and an offer to carry out reasonable alternatives. Notice shall include the right to appeal the decision.
- iii. Fundamental Change. If the Coordinator finds that the request requires a fundamental change in the nature of the program, (s)he will give the family a written explanation and will discuss and carry out any reasonable alternatives, with the agreement of the family, that do not require a fundamental change in the nature of the program. Such notice shall include the right to appeal the decision.

If the family agrees to something other than the initial request, he/she will sign or otherwise record approval of such an agreement. Any accommodation approved shall describe the accommodation that will be provided, including any terms, conditions and performance expectations that would be subject to the family's agreement, and shall indicate the date for implementation in the approval notice, which shall be as soon as practicable. The family shall also be informed that if s/he believes the accommodation approved will not meet his or her needs, or will take too long to provide, an informal review or an informal hearing may be requested.

In some cases, a meeting with the person requesting the accommodation, and any service providers or other technical assistance sources, may be the best

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way to identify the best solution. The person seeking the accommodation may bring anyone they consider helpful to such a meeting. Upon request of either party, such meetings will be held promptly but no later than ten (10) calendar days from the time of request to the AHA and at a mutually agreeable time for all participants.

The AHA shall not deny a family's reasonable accommodation request based on insufficient information or documentation where the AHA has not informed the family of the need for additional information or afforded the family a reasonable opportunity to provide such information. Where a third party verification source fails to provide the AHA with requested information by the date given, the 504/ADA Coordinator or his/her designee shall advise the family of that fact and provide the family with an additional 10 days to respond and/or to provide the requested information before taking adverse action based on insufficient information.

If there are several different accommodations that would be effective in meeting the need of the person with a disability, the AHA may select the accommodation which is most convenient and cost effective, provided that there is no significant detrimental impact on the individual which directly relates to his/her disability.

Where a family's eligibility for program participation or public housing residency depends on whether his or her request for reasonable accommodation will be granted, the AHA will not take final action on the eligibility determination until a final decision has been made on the reasonable accommodation request, provided that the client is not determined to be ineligible based on other grounds.

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9. Appeal Process

The Authority will offer a family the opportunity to request an informal hearing whenever the AHA makes a decision for the denial of a request for reasonable accommodation or public housing unit modification.

A family will be provided with the AHA's procedure for requesting an Informal Hearing in the Decision notice. The family must request an Informal Hearing by writing to the mailing address or the email address listed in the notice. If sending a written request is not possible due to a disability, the family may request the hearing by phone or in person and will be offered assistance to complete and sign a hearing request form. The request for an Informal Hearing must be *received* by the AHA within ten (10) calendar days of the date of the Decision notice. If the family fails to properly submit the request within prescribed time, they will forfeit their right to an Informal Hearing and the decision will remain as final. The AHA will provide an accommodation and schedule an Informal Hearing if the request is submitted after the prescribed time as a result of his/her disability (e.g., verified hospitalization or otherwise unable to submit the request because of a condition related to his/her disability).

The Informal Hearing will be conducted by a hearing officer appointed by the AHA who has neither made nor approved the decision under review or by a subordinate of such person. The process will be in accordance with the following:

- i. The family will be notified of the date, time and location of the Informal Hearing within approximately fifteen (15) calendar days of the receipt of request by the AHA.
 - a. The family may request, in advance, that the AHA reschedule the hearing because of a reasonable inability to attend. The AHA notice will include a phone number and/or an email address, for the contact person for the purpose of rescheduling.
 - b. A family's failure to attend a scheduled Informal Hearing without advance notification to the AHA will be reason for immediate denial of the request without a decision by the hearing officer on the merits of the AHA's determination to terminate assistance.
- ii. Persons with disabilities will be afforded special considerations in the scheduling and conducting of the Informal Hearings.
- iii. The family will have a right to examine their file prior to the hearing, including both paper and electronic records.
- iv. The AHA requests the opportunity to examine any family documents that are directly related to the hearing. The AHA may copy any such document at its expense.
- v. The family will have the right of representation by legal counsel at the family's expense. The AHA must be notified in advance if the family intends to be represented by legal counsel. The family must be notified in advance by the AHA if the AHA intends to have legal counsel present at the hearing.

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- vi. Evidence, witnesses and any information applicable to the hearing may be presented by either the AHA or the family.
- vii. The hearing officer will conduct the Informal Hearing in a manner to ensure proper order.
- viii. A final decision will be made within 14 calendar days by the hearing officer based upon the facts and evidence presented at the Informal Hearing.

The Hearing Officer is authorized to regulate the conduct of hearings and reviews in his/her discretion. This is a non-judicial function; therefore, no formal procedure is required. It shall be the responsibility of the Hearing Officer to insure that adequate information is presented and that the order of the hearing proceeds accordingly. The Hearing Officer always will identify the session (parties present, date, time, place), and read the initial AHA determination or decision which prompted the review or hearing. It is the responsibility of the Hearing Officer to take pertinent notes and acknowledge material and testimony needed to make a reasonable determination. The need for a tape recording and transcript of the proceedings shall be at the discretion of the Hearing Officer. However, a request by the family for a taping to be done, or not to be done, will be honored.

The Hearing Officer is responsible for issuing to the family a written decision within fourteen (14) calendar days following the review or hearing. The decision letter shall be sent to the family by First Class Mail and/or email. The letter will contain a statement of the decision, and the reason(s) for the decision, including any applicable HUD regulations and/or AHA policies. Factual determinations that relate to the individual circumstances of the family will be based on a preponderance of evidence presented at the review or hearing. The AHA is not bound by any decision contrary to HUD regulations or requirements or otherwise contrary to federal, state, or local law.

Nothing in this Policy shall limit a person's rights to proceed with an administrative or court action relating to his or her disability. The AHA shall inform any individual in writing when their reasonable accommodation request is acted upon of their right to file a fair housing complaint, whether or not a review is pursued, with the appropriate administrative agencies or in a court of law.

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10. Training & Monitoring

The HUD Fair Housing and Equal Opportunity Office ("FHEO Office") is responsible for monitoring compliance with, and enforcing the requirements of, applicable regulations as identified in the Introduction of this Policy. Questions regarding these regulations should be made by contacting the Philadelphia FHEO Office in writing, or in person by appointment, at U.S. Department of Housing and Urban Development 100 Penn Square East, Philadelphia, PA 19107, or by calling the Office at (215) 656-0666 X 3265.

The AHA will avail itself of training opportunities that may be offered by the FHEO Office or other such authoritative organizations concerning all applicable federal, state and local requirements regarding reasonable accommodations. The AHA will provide its staff with fair housing training, including reasonable accommodation and modification laws and regulations as well as AHA procedure, and will make similar training and/or instructional materials available to landlords participating in the Housing Choice Voucher Program.

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11. Tracking and Records Retention

AHA shall maintain a distinct log (or section of a log or electronic tracking system) containing a record of all the reasonable accommodation requests made by families, all the responses and decisions made on those requests, and all follow up actions taken by the AHA for a period of five (5) years from the date of each request.

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Appendix

Definitions

ADA – American with Disabilities Act

AHA – Allentown Housing Authority

HUD – US Department of Housing and Urban Development

FHEO – Fair Housing and Equal Opportunity, Office within HUD

Requester, Client: For purposes of this policy, the terms requester and client are used interchangeably and refer to applicants and participants of the AHA Housing Choice Voucher Program and tenants of AHA Public Housing.

Reasonable accommodation is a change or modification of AHA’s policies, practices or procedures for people with disabilities that is necessary to insure equal access to AHA’s premises, amenities, services and programs.

Reasonable modification is a structural change made to existing premises, occupied or to be occupied by a person with disability, in order to afford such person full enjoyment of the premises.

Person with a disability for purposes of a reasonable accommodation follows the definition in Section 504 of the Rehabilitation Act, the American with Disabilities Act, the Federal Fair Housing Act, and any other applicable statutes:

Disability means a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

Emergency For purposes of this policy, “emergency” shall be defined as a situation posing a serious and immediate health or safety threat to the household member with a disability that cannot be resolved within a reasonable time period by some means other than moving from the unit, verified by a health professional.

Professional Designations:

MD: Doctor of Medicine

DO: Doctor of Osteopathic Medicine. Professional doctoral degree for physicians and surgeons offered by medical schools in the United States. Holders of the DO degree have attained the ability to become licensed as osteopathic physicians who have equivalent rights, privileges, and responsibilities as physicians with a Doctor of Medicine degree (MD). DO physicians are licensed to practice the full scope of medicine and surgery in 65 countries, including all 50 states in the United States.

LCPC: Licensed Clinical Professional Counselor (or LPC Licensed Professional Counselor). Requires Master’s degree, studies are in clinical psychology programs.

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LCSW: Licensed Clinical Social Worker educated and licensed to work in a broader spectrum besides psychology and mental health. Some of these areas include: medical social work, field research, resources, outreach, administrative, advocating, etc.

LMSW: Licensed Master Social Worker. A master's level license (not offered in all states) requires a master's degree in social work (MSW) with no post-degree experience. Advanced generalist and clinical licenses require two years of post-MSW experience. In the case of clinical licensure, this experience must be in direct clinical social work.

APRN-BC: An Advanced Practice Registered Nurse. General term used to describe any nursing careers that require specialized education beyond that which is required to become a Registered Nurse. Nurse Practitioners and Clinical Nurse Specialists make up 75% of APRN-BCs.

NP: Nurse Practitioner. A registered nurse who has acquired the knowledge base, decision-making skills, and clinical competencies for expanded practice beyond that of an RN, the characteristics of which would be determined by the context in which he or she is credentialed to practice.

Ph.D.: Doctor of Philosophy. A postgraduate academic degree awarded by universities.

Psy.D: Doctor of Psychology. A professional doctorate degree intended to prepare graduates for practice in psychology.

M.A.: Master of Arts. An academic degree granted to individuals who have undergone study demonstrating a mastery or high-order overview of a specific field of study or area of professional practice.

P.A. Physician Assistant. A healthcare professional who is licensed to practice medicine as part of a team with physicians.

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Endnotes

(1) Title VIII of the Civil Rights Act of 1968, as amended in 1988 (The Fair Housing Act, 42 U.S.C. §§ 3601-3619);

(2) Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. § 794);

(3) Americans with Disabilities Act of 1990, Title II (42 U.S.C. § 12101 et seq.), (ADA);

(4) Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq);

(5) The federal regulations implementing each of these statutes are set forth in the Code of Federal Regulations as follows: Title VIII – 24 C.F.R. Part 100 et seq Section 504 – 24 C.F.R. Part 8 ADA, Title II – 28 C.F.R. Part 35 Title VI – 24 C.F.R. Part 1

(6) The "Pennsylvania Human Relations Act" Act of 1955, P.L. 744, No. 222, As Amended June 25, 1997 By Act 34 of 1997, 43 P.S. §§ 951-963 Pennsylvania additional legal protections based on Ancestry Age (40 and older) Use of guide or support animal Status as handler or trainer of guide or support animal

(7) Allentown Human Relations Act Title 11 of the Allentown Codified Ordinances, Section 181.4 Unlawful Housing Practices

**Allentown Housing Authority
Reasonable Accommodation Policy & Procedures**

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**Allentown Housing Authority
Reasonable Accommodation Policy & Procedures**

Letters and Forms

See attachments.

1. *Notice of Nondiscrimination and Accommodation*
This notice will be posted in all of AHA offices and on its website to notify participants of their rights.
2. *Request for Reasonable Accommodation/Modification and Release of Information*
The requestor completes this form to notify AHA of his/her request for a reasonable accommodation.
3. *Acknowledgement of Request*
AHA sends this letter to requestor to acknowledge request has been received.
4. *Reasonable Accommodation Cover Letter*
AHA sends this cover letter to the requestor's health professional with the *Certification of Need for Reasonable Accommodation* form.
5. *Certification of Need for Reasonable Accommodation*
The requestor's health professional completes this form to certify that the accommodation/modification is necessary and is connected to a verified disability.
6. *Verification of Disability*
The requestor's health professional completes this form to certify a verified disability.
7. *Request for Additional Information*
AHA sends this letter to request additional information from requestor.
8. *Approval*
AHA sends this letter to document approval of request.
9. *Denial – Final*
This letter is sent when request is denied, includes option to request hearing before hearing officer.
10. *Denial – Not Disabled*
This letter is sent when the disability when there is no link between the disability and the accommodation requested.
11. *Denial – Not Feasible*
Letter is sent when request is denied because the modification requested is structurally unfeasible. Includes AHA proposed alternative and option to meet with AHA.
12. *Denial – Fundamental Change*
Letter is sent when request is denied because the request required a fundamental change in the nature of a program. Includes AHA proposed alternative and option to meet with AHA.
13. *Denial - Administrative Burden*
This letter is sent when request is denied because the request constitutes a financial or administrative burden. Includes AHA proposed alternative and option to meet with AHA.

**Allentown Housing Authority
Reasonable Accommodation Policy & Procedures**

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Notice of Nondiscrimination and Accommodation

The Allentown Housing Authority (AHA) complies with, and takes seriously, laws that protect individuals from discrimination. These laws protect AHA staff, people who apply for AHA employment and people who receive or apply to receive housing or other services from AHA.

Nondiscrimination

AHA will not unlawfully discriminate against anyone because of race, sex, color, religion, national origin, familial status, age, or disability.

Reasonable Accommodation or Unit Modification for People with Disabilities:

AHA will reasonably accommodate the needs of persons with a disability. Please ask for an accommodation if you are a person qualified with a disability and need help complying with your lease or using and enjoying AHA's programs, facilities, and services. You may need AHA to modify a rule, alter your AHA apartment, or change how we communicate with you. If so, AHA will try to reasonably accommodate you. To do that, we must determine (1) that you are a person with a disability, (2) that you need the accommodation because of your disability, (3) that it would not cause AHA an undue administrative or financial burden, and (4) that it will not fundamentally alter AHA's programs. To ask for an accommodation, contact your Management Aide, Assistant Property Manager, or Property Manager. You may also contact AHA's 504/ADA Coordinator.

No Retaliation

AHA will not unlawfully retaliate against anyone because they in good faith exercised their rights.

If You Need Assistance

If you need assistance requesting an accommodation or modification, if think AHA has inappropriately denied you an accommodation that you requested, please contact AHA's 504/ADA Coordinator and s(he) will assist or direct you to someone who can assist you:

The following agencies may also help you. Their services are free.

Human Relations Commission

Allentown City Hall
435 Hamilton Street Allentown, PA
610-437-7743

Lehigh Valley Center for Independent Living

713 North 13th Street Allentown, PA 18102
610-770-9781
info@lvcil.org

North Penn Legal Services

559 Main Street, Suite 100 Bethlehem, PA 18018
877-953-4250
610-317-8757
www.northpennlegal.org

Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

The Wanamaker Building
100 Penn Square East Philadelphia, PA 19107-3380
888-799-2085
TTY: 800-927-9275

Request for Reasonable Accommodation or Modification and Release of Information

Please complete all parts of this form to request an accommodation to a housing authority rule or policy, a modification of a housing unit, or a unit transfer that will help with a situation caused by a disability. It will help AHA understand your request and respond to it appropriately.

- Please note that this form is not required to make a request for reasonable accommodation but is recommended and will help the AHA evaluate your request.
- If you would like help completing this form or in making your request, please speak with your Management Aide, Assistant Property Manager or Property Manager.

When you have completed this request, turn it in to site office, housing authority office, or mail it to the AHA, 1339 Allen Street, Allentown, PA 18102.

AHA will try to respond to your request within 14 calendar days. In some cases, it may take longer to fully evaluate your request. To help AHA understand your request and respond to it, a staff member may need to meet with you. If you have additional questions or concerns, you may contact the AHA's 504/ADA Coordinator: Phone: 610-439-8678/ Fax: 610-439-8884 / TDD: 610-439-1586

Head of household name: _____ Phone: _____
Address: _____ Unit # _____

The following member of my household has a disability (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.)

Member who needs an accommodation: _____ Date of birth: _____

The specific accommodation or modification I am requesting (what I want AHA to do):

The reason I need this accommodation or modification:

For office use only:

Date received: _____ Time received: _____



Authorization for Release of Information

You may verify that I have a disability and my need for this request by contacting the third party health care professional listed below who is familiar with the disability.

Name of health care professional: _____

Agency: _____

Address: _____

Phone: _____

To the Person or Agency that I have listed:

I have made a Request for a Reasonable Accommodation or Modification to the AHA. I give you permission to share any information with the Allentown Housing Authority that will help verify that I have a disability and explain why I need the accommodation/modification that I am seeking. I may withdraw this permission at any time.

To the Allentown Housing Authority

I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation or modification requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation. This form should be signed by either the member of the household with a disability, or the Head of Household if disabled household member is a minor.

WARNING - BE TRUTHFUL ON THIS FORM! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to purposefully make false statements or misrepresentations to AHA. Knowing false statements and misrepresentations also are grounds for AHA to terminate the requester's housing benefits. The Department of Housing and Urban Development (HUD) also prohibits fraud in public housing (24 CFR 966.4 (l)(2)(C)) and Section 8 (24 CFR 982.552(c)(4)).

Signature of requester

Date

Name of requester

☐ Check here if adult is signing for minor child

If this form has been filled out by a **representative** of the person for whom the accommodation and/or modification is being requested, please complete the information below.

Signature of requester's representative

Date

Name of requester's representative

Relationship to requester

Address

Phone

There are agencies in the Allentown area that may help you with your request. Their names, addresses, and phone numbers are listed below. Their services are free. The AHA will gladly work with them or any other representative you may choose:

Human Relations Commission

Allentown City Hall
435 Hamilton Street
Allentown, PA
610-437-7743

North Penn Legal Services

559 Main Street, Suite 100
Bethlehem, PA 18018
877-953-4250
610-317-8757
www.northpennlegal.org

Lehigh Valley Center for Independent Living

713 North 13th Street
Allentown, PA 18102
610-770-9781
info@lvcil.org

US Department of Housing & Urban Development

Philadelphia Regional Office
Office of Fair housing and Equal Opportunity
The Wanamaker Building
100 Penn Square East
Philadelphia, PA 19107-3380
Phone: 888-799-2085
Fax: 215-656-3449
TTY: 800-927-9275

March 31, 2015

**Request for Reasonable Accommodation
Acknowledgement of Request**

Applicant First Name _Applicant Last Name

Applicant Address

Applicant City, Applicant State Applicant Zip

Dear Applicant First Name _Applicant Last Name:

The Allentown Housing Authority (AHA) received your Request for Reasonable Accommodation on **Date Of Request** wherein you requested Summary of Request.

The AHA will process your request in accordance with our Reasonable Accommodation Policy. Once the information you provided in verified we will contact you with our decision.

If you have additional information for us to consider that could assist us with our determination please contact me at 610-439-8678 extension 504 Coordinator Phone.

Sincerely,
Allentown Housing Authority

504 Coordinator Name
504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Acknowledgement of Request**

Applicant First Name _Applicant Last Name

Applicant Address

Applicant City Applicant State Applicant Zip

Estimado Solicitante

La Autoridad de Vivienda de Allentown (AHA) ha recibido su pedido de Acomodo Razonable en **Date Of Request** en el que usted solicitó Summary of Request.

La AHA procesará su solicitud de conformidad con nuestra Política de Alojamiento Razonable. Una vez que la información que proporcionó en verificada nos pondremos en contacto con nuestra decisión.

Si usted tiene información adicional para que consideremos que nos podría ayudar con nuestra determinación por favor comuníquese conmigo al 610-439-8678 extensión 504 Coordinator Phone.

Sinceramente,

La Autoridad de Vivienda de Allentown

504 Coordinator Name

504/ADA Coordinator



March 31, 2015

Medical Professional Name

Medical Professional Address 1

Medical Professional Address 2

Medical Professional City, Medical Professional State Medical Professional Zip

RE: Certification of Need for Reasonable Accommodation

Dear Medical Professional Name:

The Allentown Housing Authority provides reasonable accommodations to our applicants/residents with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies made necessary because of a disability for the applicant/resident to be able to use and enjoy an apartment community. The applicant/resident has authorized you to provide the information requested on the attached form.

This form must be completed by a qualified medical, rehabilitation, or other non-medical service agency professional (preferably with one of the following credentials: MD, DO, LCPC, LCSW, LMSW, APRN-BC, NP, Ph.D., Psy.D., M.A., and P.A.) whose function is to provide services to people with disabilities and may verify the household member's need for a reasonable accommodation.

Please complete and return the form to: Allentown Housing Authority
1339 Allen Street
Allentown, PA 18102
Phone: 610-439-8678
Fax: 610-439-8884
TDD: 610-439-1586

Please return the completed form by: **Information Due Date**

If you have any questions or if you need any additional information please do not hesitate to contact me at 610-439-8678 extension AHA Staff Extension.

Sincerely,
Allentown Housing Authority
AHA Staff Name



Certification of Need for Reasonable Accommodation

This form must be completed by a qualified medical, rehabilitation, or other non-medical service agency professional (preferably with one of the following credentials: MD, DO, LCPC, LCSW, LMSW, APRN-BC, NP, Ph.D., Psy.D., M.A., and P.A.) whose function is to provide services to people with disabilities and may verify your household member's need for a reasonable accommodation.

Household Information

Head of household name: _____

Member who needs an accommodation: _____

Address: _____ Unit # _____

Cell phone: _____ Daytime phone: _____

-----Health care professional should complete the rest of the form below-----

Certification of Disability

The above household member has requested a reasonable accommodation from the Allentown Housing Authority (AHA) and is requesting that you, as his/her health care professional, fill out the following certification. Enclosed is a copy of the *Request for Reasonable Accommodation or Modification Form* with a signed authorization for release of information. The information provided on this form will be kept confidential in accordance with the Privacy Act and PIH Notice 2014-10.

1. In my professional opinion and assessment:

- ☐ The household member **has a disability** based on one or both of the following legal definitions.
- ☐ He/she has a physical or mental impairment that substantially limits one or more major life activities
 - ☐ He/she has a record of having such an impairment
 - ☐ He/she is regarded as having such impairment
- ☐ The household member **does not have a disability** (proceed to page 5, sign and return to the address listed).

2. How current is your knowledge of the household member's disability?

- ☐ I have met with this individual to discuss his/her disability within the last six months.
- ☐ The last time I met with this individual his/her disability was over six months ago.
- ☐ Other (please explain): _____

I. Special Unit Features Needed Due to Disability

Important: Only fill out this section if the disabled household member needs a unit and/or common area with specific features due to his or her disability. Otherwise, please proceed to Part II.

The following information is requested solely for the purposes of identifying the unit (size, type, and design) that most appropriately meets the needs of the disabled household member. The AHA will make every effort to make the appropriate modifications or identify an appropriate unit based on your professional opinion and assessment. Be advised, certain requested features may inhibit an exact match and/or increase the household's wait for a unit assignment, so please check only those accommodations that are necessary. We will contact the head of household when this occurs to offer options and assist in problem-solving alternatives.

In my professional opinion and assessment of the disabled household member's needs, I certify that:

- ☐ The household member with a disability **does not need a wheelchair-accessible unit** but needs a unit or common area with certain physical features. This may include assistive technology. The features required are checked below with an explanation as to why they are needed given on Page 3.

Unit location

- ☐ Maximum # of stairs that household may climb to reach the unit. Specify # _____
- ☐ Maximum distance to walk between the unit and nearest elevator. Specify _____
- ☐ Single level unit
- ☐ Lowest floor available
- ☐ Elevator-equipped building
- ☐ Minimum floor location. Specify floor: _____
- ☐ Maximum floor location. Specify floor: _____

Other unit features

- ☐ Toilet grab bars
- ☐ Handheld shower
- ☐ Tub grab bars
- ☐ Shower seat
- ☐ Space for medical equipment

Features for the blind or hearing impaired

- ☐ Flashing doorbell
- ☐ Timer on stove
- ☐ Flashing fire alarms

- ☐ Other (**specify on page 3**)

- ☐ The household member with a disability **needs a wheelchair-accessible unit** with the following features:

- | | |
|--|--|
| <input type="checkbox"/> Door width > 32" | <input type="checkbox"/> Toilet grab bars |
| <input type="checkbox"/> Kitchen turn radius > 5' | <input type="checkbox"/> Handheld shower |
| <input type="checkbox"/> Hall turn radius > 5' | <input type="checkbox"/> Tub grab bars |
| <input type="checkbox"/> Roll under stove | <input type="checkbox"/> Shower seat |
| <input type="checkbox"/> Roll under sink | <input type="checkbox"/> Tub with transition |
| <input type="checkbox"/> Side-by-side refrigerator* | <input type="checkbox"/> Roll-in shower* |
| <input type="checkbox"/> Additional space for medical equipment (provide details on page 3) | |

*The number of units with these features is limited; therefore, the wait for these types of units could be lengthy.



- ☐ The household member with a disability requires a unit in a specific or alternative location due to a disability but **does not need any physical changes** to a unit or common area, and **does not need a wheelchair-accessible unit**. Examples include needing to be in a specific location so as to be close to a specific health care facility, or needing to transfer due to a mental disability. Please explain and provide details below.

Please be as detailed as possible and print clearly so the AHA may properly review the request. Please provide details as to why the accommodation(s) is necessary as a result of his/her disability in order to enjoy an equal housing opportunity. You may attach additional pages if necessary.

- a) Describe any other feature, not captured on page 2, including special housing features, types of physical adaptation, and/or assistive technology (e.g. no carpet in unit and/or common area, etc.) that is **necessary** due to a disability.
- b) Explain in detail why the requested feature(s)/accommodation(s) is necessary due to the disability.
- c) Explain for how long the feature(s)/accommodation(s) will be needed.
- d) If household member is a current AHA resident, and a transfer is necessary, explain in detail why. Are there any other alternatives to a transfer that you suggest the AHA may provide?

II. Changes to Policies or Procedures Due to Disability

Important: Only fill out this section if the household member with a disability needs changes to rules, policies or procedures due to his/her disability. Otherwise, please proceed to Part III.

- ☐ The household member needs a change in a policy or procedure as a direct result of his/**her disability** in order to enjoy an equal housing opportunity. Please use the space below to explain what accommodation(s) the household member with a disability needs, the length for which it will be needed, and why it is required. Use additional paper if needed.

Note regarding personal care attendant (PCA): If the disabled Household Member needs a 24-hour or overnight live-in PCA, please explain in detail, including:

- a. What specific duties the PCA must perform;
- b. If your agency will provide the PCA; or
- c. If a family member is identified as the PCA, provide the individual's complete name, relationship to disabled household member, and if that individual is qualified to perform the required duties per your professional opinion and assessment.

Note: The PCA does not have tenancy rights under the program. The PCA will not be able to receive assistance if the assisted tenant stops receiving assistance, nor will the PCA be able to stay in the unit if the tenant no longer needs their assistance.

III. Certification

Based on your professional opinion and assessment of needs, please **check only one** of the following:

☐ I **certify** that the enclosed request for changes to the unit or common area or to policies and procedures is necessary for the household member with a disability, as a result of his/her disability in order to have an equal housing opportunity.

or

☐ I **cannot certify** that the enclosed request is necessary for changes to the unit or common area or to rules, policies and procedures for the household member with a disability, as a result of his/her disability in order to have equal housing opportunity.

or

☐ I **certify** that the identified household member is **not disabled**, therefore, does not need a change to the unit or common area or to policies or procedures, as a result of a disability in order to have an equal housing opportunity.

Please check the following:

☐ I may be contacted by AHA and will answer questions or discuss the information contained on this form.

Health care professional's signature

Date

Name (please print clearly)

Title of health care professional

Agency or clinic, if applicable

Complete address

Phone

Fax

Please return form to: Allentown Housing Authority
1339 Allen Street
Allentown, PA 18102
Phone: 610-439-8678
Fax: 610-439-8884
TDD: 610-439-1586





1339 Allen Street
Allentown, PA 18102
Phone: 610-439-8678
Fax: 610-439-8884
TDD: 610-439-1586

Verification of Disability

Head of household name: _____

Member who is disabled: _____

Address: _____ Unit # _____

Cell phone: _____ Daytime phone: _____

Instructions: A qualified professional with one of the following credentials (MD, DO, LCPC, LCSW, LMSW, APRN-BC, NP) must complete this form.

This person has applied for housing assistance under the _____ Program administered by the Allentown Housing Authority. The U.S. Department of Housing and Urban Development (HUD) requires the housing authority to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the Allentown Housing Authority (1339 Allen Street, Allentown, PA 18102). Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information.

=====

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature of Applicant

Date

-----HEALTH CARE PROFESSIONAL SHOULD COMPLETE THE REST OF THE FORM BELOW-----

Certification of Disability

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. ☐ **Yes** ☐ **No** the household member has a disability, as defined in 42 U.S.C. 423, which means:
Under the federal law, an individual is disabled if he/she has 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 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, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction and alcoholism. This definition doesn't include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use (24 CFR Part 8.3, and HUD Handbook 4350.3, (Exhibit 2-2).



1339 Allen Street
Allentown, PA 18102
Phone: 610-439-8678
Fax: 610-439-8884
TDD: 610-439-1586

2. ☐ **Yes** ☐ **No** – The household member has a physical, mental, or emotional impairment that:
- Is expected to be of long-continued and indefinite duration;
 - Substantially impedes his or her ability to live independently; and
 - Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.
3. ☐ **Yes** ☐ **No** – The household member Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - Is manifested before the person attains age 22;
 - Is likely to continue indefinitely;
 - Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
 - Results in substantial functional limitation in three or more of the following areas of major life activity:
 - Self-care
 - Receptive and expressive language
 - Learning
 - Mobility
 - Self-direction
 - Capacity for independent living
 - Economic self-sufficiency

Health care professional's signature

Date

Name (please print clearly)

Title of health care professional

Agency or clinic, if applicable

Complete address

Phone

Fax

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42

March 31, 2015

**Request for Reasonable Accommodation
Request for Additional Information**

Applicant First Name _Applicant Last Name

Applicant Address

Applicant City, Applicant State Applicant Zip

Dear Applicant First Name _Applicant Last Name:

The Allentown Housing Authority (AHA) received your Request for Reasonable Accommodation on **Date Of Request** wherein you requested Summary of Request.

The AHA has not received all of the documentation necessary to evaluate your request in accordance with our Reasonable Accommodation Policy. In order for your request to be evaluated you must provide the following information Additional Information Required. Further, this is the second request for this information and the information must be received within 14 days of the date on this letter or your request will be denied.

Sincerely,
Allentown Housing Authority

504 Coordinator Name
504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Request for Additional Information**

Applicant First Name _Applicant Last Name

Applicant Address

Applicant City Applicant State Applicant Zip

Estimado Solicitante

La Autoridad de Vivienda de Allentown (AHA) ha recibido su pedido de Acomodo Razonable en **Date Of Request** en el que usted solicitó Summary of Request.

La AHA no ha recibido toda la documentación necesaria para evaluar su solicitud de acuerdo con nuestra Política de Alojamiento Razonable. Para que su solicitud pueda ser evaluado debe proporcionar la siguiente información Additional Information Required. Además, esta es la segunda petición de esta información y la información debe ser recibida dentro de los 14 días de la fecha de esta carta o su solicitud será negada.

Sinceramente,

La Autoridad de Vivienda de Allentown

504 Coordinator Name

504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Evaluation of Request
Approval**

Applicant First Name _Applicant Last Name
Applicant Address
Applicant City, Applicant State Applicant Zip

Dear Applicant First Name _Applicant Last Name:

The Allentown Housing Authority (AHA) received your Request for Reasonable Accommodation on **Date Of Request** wherein you requested Summary of Request.

The AHA has received all of the documentation necessary to evaluate your request in accordance with our Reasonable Accommodation Policy. Based on the information that we have received your request is approved.

To comply with your request the AHA will How to Comply with Request.

If you have any questions about the accommodation being made or you have additional information for us to consider that could modify the accommodation please contact me at 610-439-8678 extension 504 Coordinator Phone.

Sincerely,
Allentown Housing Authority

504 Coordinator Name
504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Evaluation of Request
Approval**

Applicant First Name _Applicant Last Name
Applicant Address
Applicant City Applicant State Applicant Zip

Estimado Solicitante

La Autoridad de Vivienda de Allentown (AHA) ha recibido su pedido de Acomodo Razonable en **Date Of Request** en el que usted solicitó Summary of Request.

La AHA ha recibido toda la documentación necesaria para evaluar su solicitud de acuerdo con nuestra Política de Alojamiento Razonable. Basado en la información que hemos recibido su solicitud es aprobada.

Para cumplir con su solicitud la AHA How to Comply with Request.

Si usted tiene alguna pregunta sobre el alojamiento realizando o tiene información adicional para nosotros considerar que podría modificar el alojamiento, por favor póngase en contacto conmigo al 610-439-8678 extensión 504 Coordinator Phone.

Sinceramente,
La Autoridad de Vivienda de Allentown

504 Coordinator Name
504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Denial**

Applicant First Name _Applicant Last Name
Applicant Address
Applicant City, Applicant State Applicant Zip

Dear Applicant First Name _Applicant Last Name:

The Allentown Housing Authority (AHA) received your Request for Reasonable Accommodation on **Date Of Request** wherein you requested Summary of Request.

The AHA has received all of the documentation necessary to evaluate your request in accordance with our Reasonable Accommodation Policy. Based on the information that we have received it has been determined that your request is denied. You were notified of this decision in writing on **Date of Decision** and you did not respond within 14 days of the letter.

In accordance with the AHA Reasonable Accommodation Policy you are entitled to a hearing before the AHA Hearing Officer on this decision. However you must request a hearing. Your request for a hearing must be received within 14 days from the date of this letter. If we do not hear from you by **Hearing Request Deadline** this decision will become final.

Please contact me at 610-439-8678 extension 504 Coordinator Phone if you have any questions.

Sincerely,
Allentown Housing Authority

504 Coordinator Name
504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Denial**

Applicant First Name _Applicant Last Name

Applicant Address

Applicant City Applicant State Applicant Zip

Estimado Solicitante

La Autoridad de Vivienda de Allentown (AHA) ha recibido su pedido de Acomodo Razonable en **Date Of Request** en el que usted solicitó Summary of Request.

La AHA ha recibido toda la documentación necesaria para evaluar su solicitud de acuerdo con nuestra Política de Alojamiento Razonable. Basado en la información que hemos recibido se ha determinado que su solicitud es negada. Usted fue notificado de esta decisión por escrito **Date of Decision** y no respondo en un plazo de 14 días de la carta.

De acuerdo con la AHA Política de Acomodo Razonable usted tiene derecho a una audiencia ante el consejero auditor AHA sobre esta decisión. Sin embargo, usted debe solicitar una audiencia. Su solicitud de audiencia debe ser recibida dentro de 14 días siguientes de la fecha de esta carta. Si no escuchamos de usted antes de **Hearing Request Deadline** esta decisión será definitiva.

Por favor comuníquese conmigo al 610-439-8678 extensión 504 Coordinator Phone si tiene alguna pregunta.

Sinceramente,
La Autoridad de Vivienda de Allentown

504 Coordinator Name
504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Evaluation of Request
Denial**

Applicant First Name _Applicant Last Name
Applicant Address
Applicant City, Applicant State Applicant Zip

Dear Applicant First Name _Applicant Last Name:

The Allentown Housing Authority (AHA) received your Request for Reasonable Accommodation on **Date Of Request** wherein you requested Summary of Request.

The AHA has received all of the documentation necessary to evaluate your request in accordance with our Reasonable Accommodation Policy. Based on the information that we have received it has been determined that your request is denied because the person requesting the accommodation is not a person with a disability as defined in Section 2C of this policy or that there is no link between the disability and the accommodation requested.

If you believe this decision is incorrect and you have additional information for us to consider that could change this determination please contact me at 610-439-8678 extension 504 Coordinator Phone. We will schedule a meeting at a time that is convenient to all parties and discuss this additional information. You must request this meeting within 14 days from the date of this letter or this decision will become final.

Sincerely,
Allentown Housing Authority

504 Coordinator Name
504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Evaluation of Request
Denial**

Applicant First Name _Applicant Last Name
Applicant Address
Applicant City Applicant State Applicant Zip

Estimado Solicitante

La Autoridad de Vivienda de Allentown (AHA) ha recibido su pedido de Acomodo Razonable en **Date Of Request** en el que usted solicitó Summary of Request.

La AHA ha recibido toda la documentación necesaria para evaluar su solicitud de acuerdo con nuestra Política de Alojamiento Razonable. Basado en la información que hemos recibido se ha determinado que su solicitud es negada porque la persona que solicita el establecimiento, no es una persona con una discapacidad como se define en la Sección 2C de esta política o que no existe ninguna relación entre la discapacidad y el alojamiento solicitado.

Si usted cree que esta decisión es incorrecta y usted tiene información adicional para que consideremos que podría cambiar esta determinación por favor comuníquese conmigo al 610-439-8678 extensión 504 Coordinator Phone. Programaremos una reunión en un momento que sea conveniente para todas las partes y discutiremos esta información adicional. Usted debe solicitar esta reunión dentro de los 14 días siguientes de la fecha de esta carta o esta decisión va a ser definitiva.

Sinceramente,
La Autoridad de Vivienda de Allentown

504 Coordinator Name
504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Evaluation of Request
Denial**

Applicant First Name _Applicant Last Name
Applicant Address
Applicant City, Applicant State Applicant Zip

Dear Applicant First Name _Applicant Last Name:

The Allentown Housing Authority (AHA) received your Request for Reasonable Accommodation on **Date Of Request** wherein you requested Summary of Request.

The AHA has received all of the documentation necessary to evaluate your request in accordance with our Reasonable Accommodation Policy. Based on the information that we have received it has been determined that your request is denied because the modification requested is structurally unfeasible.

In order to comply with the request the AHA would be required to How to Comply with Request. This constitutes is not possible structurally.

However, as an alternative solution, the AHA proposes this following Alternate Solution.

If you believe this decision is incorrect and you have additional information for us to consider that could change this determination please contact me at 610-439-8678 extension 504 Coordinator Phone. We will schedule a meeting at a time that is convenient to all parties and discuss this additional information. You must request this meeting within 14 days from the date of this letter or this decision will become final.

Sincerely,
Allentown Housing Authority

504 Coordinator Name
504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Evaluation of Request
Denial**

Applicant First Name _Applicant Last Name

Applicant Address

Applicant City Applicant State Applicant Zip

Estimado Solicitante

La Autoridad de Vivienda de Allentown (AHA) ha recibido su pedido de Acomodo Razonable en **Date Of Request** en el que usted solicitó Summary of Request.

La AHA ha recibido toda la documentación necesaria para evaluar su solicitud de acuerdo con nuestra Política de Alojamiento Razonable. Basado en la información que hemos recibido se ha determinado que su solicitud es negada porque la modificación solicitada es estructuralmente inviables.

Con el fin de cumplir con la solicitud de la AHA se requeriría que How to Comply with Request. Este constituye no es posible estructuralmente.

Sin embargo, como solución alternativa, la AHA propone este siguiente Alternate Solution.

Si usted cree que esta decisión es incorrecta y usted tiene información adicional para que consideremos que podría cambiar esta determinación por favor comuníquese conmigo al 610-439-8678 extensión 504 Coordinator Phone. Programaremos una reunión en un momento que sea conveniente para todas las partes y discutiremos esta información adicional. Usted debe solicitar esta reunión dentro de los 14 días siguientes de la fecha de esta carta o esta decisión va a ser definitiva.

Sinceramente,

La Autoridad de Vivienda de Allentown

504 Coordinator Name

504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Evaluation of Request
Denial**

Applicant First Name _Applicant Last Name
Applicant Address
Applicant City, Applicant State Applicant Zip

Dear Applicant First Name _Applicant Last Name:

The Allentown Housing Authority (AHA) received your Request for Reasonable Accommodation on **Date Of Request** wherein you requested Summary of Request.

The AHA has received all of the documentation necessary to evaluate your request in accordance with our Reasonable Accommodation Policy. Based on the information that we have received it has been determined that your request is denied because the request requires a fundamental change in the nature of a program.

In order to comply with the request the AHA would be required to How to Comply with Request. This would require AHA to provide a service that it does not normally provide and change the nature of our program.

However, as an alternative solution, the AHA proposes this following Alternate Solution.

If you believe this decision is incorrect and you have additional information for us to consider that could change this determination please contact me at 610-439-8678 extension 504 Coordinator Phone. We will schedule a meeting at a time that is convenient to all parties and discuss this additional information. You must request this meeting within 14 days from the date of this letter or this decision will become final.

Sincerely,
Allentown Housing Authority

504 Coordinator Name
504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Evaluation of Request
Denial**

Applicant First Name _Applicant Last Name
Applicant Address
Applicant City Applicant State Applicant Zip

Estimado Solicitante

La Autoridad de Vivienda de Allentown (AHA) ha recibido su pedido de Acomodo Razonable en **Date Of Request** en el que usted solicitó Summary of Request.

La AHA ha recibido toda la documentación necesaria para evaluar su solicitud de acuerdo con nuestra Política de Alojamiento Razonable. Basado en la información que hemos recibido se ha determinado que su solicitud es negada porque la modificación solicitada es estructuralmente inviables.

Con el fin de cumplir con la solicitud de la AHA se requeriría que How to Comply with Request. Este constituye no es posible estructuralmente.

Sin embargo, como solución alternativa, la AHA propone este siguiente Alternate Solution.

Si usted cree que esta decisión es incorrecta y usted tiene información adicional para que consideremos que podría cambiar esta determinación por favor comuníquese conmigo al 610-439-8678 extensión 504 Coordinator Phone. Programaremos una reunión en un momento que sea conveniente para todas las partes y discutiremos esta información adicional. Usted debe solicitar esta reunión dentro de los 14 días siguientes de la fecha de esta carta o esta decisión va a ser definitiva.

Sinceramente,
La Autoridad de Vivienda de Allentown

504 Coordinator Name
504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Evaluation of Request
Denial**

Applicant First Name _Applicant Last Name
Applicant Address
Applicant City, Applicant State Applicant Zip

Dear Applicant First Name _Applicant Last Name:

The Allentown Housing Authority (AHA) received your Request for Reasonable Accommodation on **Date Of Request** wherein you requested Summary of Request.

The AHA has received all of the documentation necessary to evaluate your request in accordance with our Reasonable Accommodation Policy. Based on the information that we have received it has been determined that your request is denied because the request constitutes a financial or administrative burden.

In order to comply with the request the AHA would be required to How to Comply with Request. This would place a financial or administrative burden on the AHA.

However, as an alternative solution, the AHA proposes this following Alternate Solution.

If you believe this decision is incorrect and you have additional information for us to consider that could change this determination please contact me at 610-439-8678 extension 504 Coordinator Phone. We will schedule a meeting at a time that is convenient to all parties and discuss this additional information. You must request this meeting within 14 days from the date of this letter or this decision will become final.

Sincerely,
Allentown Housing Authority

504 Coordinator Name
504/ADA Coordinator



March 31, 2015

**Request for Reasonable Accommodation
Evaluation of Request
Denial**

Applicant First Name _Applicant Last Name
Applicant Address
Applicant City Applicant State Applicant Zip

Estimado Solicitante

La Autoridad de Vivienda de Allentown (AHA) ha recibido su pedido de Acomodo Razonable en **Date Of Request** en el que usted solicitó Summary of Request.

La AHA ha recibido toda la documentación necesaria para evaluar su solicitud de acuerdo con nuestra Política de Alojamiento Razonable. Basado en la información que hemos recibido se ha determinado que su solicitud es negada porque la solicitud constituye una carga financiera o administrativa.

Con el fin de cumplir con la solicitud de la AHA se requeriría que How to Comply with Request. Esto supondría una carga financiera o administrativa en la AHA.

Sin embargo, como solución alternativa, la AHA propone este siguiente Alternate Solution.

Si usted cree que esta decisión es incorrecta y usted tiene información adicional para que consideremos que podría cambiar esta determinación por favor comuníquese conmigo al 610-439-8678 extensión 504 Coordinator Phone. Programaremos una reunión en un momento que sea conveniente para todas las partes y discutiremos esta información adicional. Usted debe solicitar esta reunión dentro de los 14 días siguientes de la fecha de esta carta o esta decisión va a ser definitiva.

Sinceramente,
La Autoridad de Vivienda de Allentown

504 Coordinator Name
504/ADA Coordinator

