

REASONABLE ACCOMMODATION FAQs

Do you or any household member need an accommodation because of a Disability?

A *reasonable accommodation* is an exception to a Los Angeles County Development Authority (LACDA) rule, policy or procedure so that a person with disabilities may fully access any housing program, enabling them to live in and enjoy their unit. The LACDA is committed to ensuring fair housing for the applicants and participants of all housing programs the agency administers. All reasonable accommodation requests, whether listed in the LACDA Reasonable Accommodation procedures or not, will be carefully evaluated on a case-by-case basis in compliance with federal, state, and local disability rights laws.

In order to verify the necessity for a reasonable accommodation, the LACDA will usually require an individual with a disability or a third-party acting on their behalf, to return the Reasonable Accommodation Request form, or other written documentation, completed by a qualified professional with direct experience with the individual's disability. If an individual with a disability is unable to return a written request due to their disability, the LACDA will work with the individual to ascertain the specific accommodation being requested and whether it conforms to the requirements according to Chapter 1 and Chapter 7 of the LACDA's Administrative Plan Section 1.10.2 and Section 7.11.10.

Do I Qualify for a Reasonable Accommodation?

Reasonable accommodations are only granted to individuals with a verifiable disability to remove disability-related barriers to housing. For purposes of reasonable accommodation, you are considered disabled if you are:

- (1) An individual with a mental or physical impairment that limits one or more major life activities;
- (2) An individual who is regarded as having such an impairment; or
- (3) An individual who has a record of such impairment.

How Do I Ask for a Reasonable Accommodation?

If you require a reasonable accommodation, please complete the attached form and submit it to your LACDA case worker. You must fill in all the information on the form as the LACDA may have to verify that you have a disability and that the request is necessary to remove any potential barriers to your housing.

Can Someone Ask for a Reasonable Accommodation on My Behalf?

Yes, with your permission, someone else (such as your family or caretaker) may request a reasonable accommodation on your behalf.

How Long Do I Have to Wait for An Answer?

Once you submit a request for reasonable accommodation, the LACDA will respond to your request within 30 calendar days.

Do I Have to Accept an Alternative Accommodation?

The LACDA has the right to recommend alternatives to your request that would, just as effectively, remove the barrier to your housing. You are not required to accept the alternative accommodation if you believe it does not remove any barriers to your housing.

Can My Request for a Reasonable Accommodation Be Denied By the LACDA?

Yes, your request may be denied if:

- (1) The request was not made by, or on behalf of, a person with a disability
- (2) There is no disability-related need or connection (nexus) for the accommodation
- (3) The accommodation is not reasonable. Examples include but are not limited to the following:
 - The accommodation will result in an undue financial and administrative burden on the LACDA;
 - The accommodation would fundamentally alter the nature of the LACDA's operations; or
 - The accommodation poses a direct threat to the health or safety of other individuals, or threat of substantial physical damage to the property of others.

What Do I Do If My Request Is Denied?

If your request for reasonable accommodation is denied for any reason, you may submit a written appeal within 15 calendar days from the date of the LACDA's notification. Once submitted, your appeal will be reviewed, and you will receive a decision in writing within 30 calendar days.

Appeals may be submitted to:

**Los Angeles County Development Authority
Attention: Housing Assistance Division/Reasonable Accommodations
ADA/Section504 Representative
P.O. Box 1503,
Alhambra, CA 91802**

REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

INSTRUCTIONS: The REQUESTOR completes and signs Section I. A qualified professional who has knowledge of the client's disability completes and signs Section II and Section III. The Los Angeles County Development Authority (LACDA) will review your request once we receive the complete form.

SECTION I. REASONABLE ACCOMMODATION CERTIFICATION AND REQUEST

| | |
|-------------------------------------|----------------------|
| Name of Disabled Individual: | Address: |
| Head of Household: | Phone number: |

CERTIFICATION

- The person filling out this form is:
- The individual in need of an accommodation
 - An authorized representative of the Disabled Individual in need of an accommodation

I certify that by signing below, the person in need of the accommodation is a person with disabilities under the following definition:

- (1) An individual with a mental or physical impairment that limits one or more major life activities; or
- (2) An individual who is regarded as having such an impairment; or
- (3) *An individual who has a record of such impairment.*

Requestor Signature: _____ **Date:** _____

Release of Information Authorization (completed by disabled individual or authorized representative)

I hereby authorize the knowledgeable professional designated on section II and section III of this form to release information regarding the need for a reasonable accommodation to the LACDA. I certify, to the best of my knowledge, that the person I designate as a knowledgeable professional is qualified to provide information regarding my disability and knowledgeable of the specific circumstances of my disability. I understand that the information the LACDA obtains from my knowledgeable professional will be kept confidential and that the LACDA will use the information solely to evaluate my accommodation request.

REQUEST

As a result of this disability, I am requesting the following reasonable accommodation/modification(s) for the disabled household member listed above (**please check all that apply**):

- The household member needs a live-in aide. A daily in-home worker, housekeeper, or rotating shifts are not equally effective as a reasonable accommodation.
- Extra bedroom for medical equipment. (Note: The LACDA inspector may view the equipment to confirm that all sleeping and living spaces are not adequate as an accommodation).
- The household member needs a change in a rule, policy or procedure. (Note: fundamental requirements must still be met). Please specify the necessary changes below.

i. Please identify the rule, policy, or procedure that you are requesting to be modified.

ii. Please indicate how you would like the rule, policy, or procedure to be changed to accommodate the disability.

- Other: Specify the necessary changes being requested below. (*You may use a separate sheet of paper if needed*).

SECTION II. STATEMENT OF KNOWLEDGEABLE PROFESSIONAL

The individual designated on section I has indicated that you are a qualified professional who is knowledgeable and has direct experience of his/her disability. He/she has signed the release above, authorizing you to confirm his/her statement of disability and resulting the need for a reasonable accommodation stated above. Please note that such accommodations must be necessary as a result of the person's disability as opposed to a change that merely benefits the individual. Please take a moment to complete this portion of the form. We ask that you give careful consideration to this matter as your statements may affect the total number of families the LACDA is able to assist. You may use the back of this form if additional space to write is needed.

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 being requested above is relevant to this client's need.

Please keep a record of this form on file as you may be contacted to confirm the necessity of this request

Disability Definition:

Reasonable accommodations are only granted to individuals with a verifiable disability to remove disability-related barriers to housing. For purposes of reasonable accommodation, an individual is considered disabled if they are:

- (1) An individual with a mental or physical impairment that limits one or more major life activities, or
- (2) An individual who is regarded as having such an impairment; or
- (3) An individual who has a record of such impairment.

Client/Patient Name: _____

1. Does this individual have a disability, as defined above? **Yes** ___ **No** ___
If you answered "Yes", please answer questions 2-5. If you answered no, please sign and return this form.
2. If yes, does this individual, because of this disability, need a reasonable accommodation made to either their unit, or other parts of the housing complex, or to housing rules, policies, practices, or services of the LACDA to have an equal opportunity to use and enjoy his or her dwelling? **Yes** ___ **No** ___
3. If yes, please describe and explain the connection between the individual's disability and the accommodation needed, which must be directly related to the accommodation requested. **Note: changes must be necessary, NOT just desirable or beneficial.** Please print clearly and use a separate sheet of paper to provide additional information if needed:

4. Please give us an idea of how long the need will last Temporary Permanent (Lifelong)
If temporary, how long: _____

5. Can the request be met through another type of accommodation: **Yes** ___ **No** ___
If yes, please explain and print:

SECTION III. KNOWLEDGEABLE PROFESSIONAL INFORMATION

FRAUD AND FALSE STATEMENTS

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

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

Knowledgeable Professional's Signature

AGENCY STAMP

X

Knowledgeable Professional's Name (Print):

License or Certificate Number/Issuing State (if applicable):

Title:

Address:

City:

State:

Zip Code:

Telephone Number:

Once complete, mail back to:

Los Angeles County Development Authority
Attention Housing Assistance Division
P.O. Box 1503
Alhambra, CA 91802