

Prince William County
Office of Housing and Community Development
Reasonable Accommodations Policy and Procedures

POLICY STATEMENT

Prince William County Office of Housing and Community Development (OHCD) is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of OHCD's programs, services and activities. Therefore, if an individual with a disability requires an accommodation such as an accessible feature or modification to a OHCD policy, OHCD will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program; or an undue financial and administrative burden. In such a case, the OHCD will make another accommodation that would not result in a financial or administrative burden.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

OHCD will post a copy of this Reasonable Accommodation Policy and Procedures at the OHCD office located at 15941 Donald Curtis Drive, Suite 112, Woodbridge, VA 22191 and have on their website. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the OHCD office by contacting the office at 703-792-7530 or printing from the website.

REASONABLE ACCOMMODATION

A person with a disability may request a reasonable accommodation at any time during the application process or participation in the Housing Choice Voucher Programs of OHCD. The individual, OHCD staff or any person identified by the individual, must reduce all requests to writing.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

APPLICATION OF REASONABLE ACCOMMODATION POLICY

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

- (a) Applicants of all Housing Choice Voucher Programs;
- (b) Applicants or participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the OHCD, its agents or contractors.

PERSON WITH A DISABILITY

A person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. As used in this definition, the phrase “physical or mental impairment” includes:

- (a) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or
- (b) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

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

The definition of disability does not include any individual who is an alcoholic whose current use of alcohol prevents the individual from participating in the housing program or activities; or whose participation, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others.

EXAMPLES OF REASONABLE ACCOMMODATIONS

The following general list of disabilities will be considered to provide reasonable accommodations, although this is not considered to be all-inclusive:

- (a) Making a unit, part of a unit or public and common use element accessible for the head of household or a household member with a disability who is on the lease;
- (b) Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- (c) Allowing a live-in aid to reside in an appropriately sized unit;
- (d) Transferring a resident to a larger size unit to provide a separate bedroom for a person with a disability;
- (e) Transferring a resident to a unit on a lower level or a unit that is completely on one level;
- (f) Making documents available in large type, computer disc or Braille;
- (g) Providing qualified sign language interpreters for applicant at meetings with OHCD staff;
- (h) Permitting an outside agency or family member to assist an applicant for services;
- (i) Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family; and

PROCESSING OF REASONABLE ACCOMMODATION REQUESTS

The OHCD will provide the "Request for Reasonable Accommodation", ("Request Form"), attached hereto, to all applicants, residents or individuals with disabilities who request a reasonable accommodation. The Reasonable Accommodation Request Form includes various forms of reasonable accommodations as well as the general principles of reasonable accommodation.

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

- (a) OHCD will provide all applicants with the Request Form upon request. The Request for Reasonable Accommodation Form must be provided in an alternative format, upon request.
- (b) Reasonable Accommodations will be made for applicants during the application process. All applications must be taken in an accessible location. Applications will be made available in accessible formats. OHCD will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.
- (c) Within ten (10) business days or receipt, the OHCD Director or designee will respond to the Request.
- (d) If additional information or documentation is required, the Director or designee will notify the requestor, in writing, of the need for the additional information or documentation. The Director or designee will provide the requestor with the "Request for Information or Verification Form" ["Request for Information"], a copy of which is attached. The written notification should provide the requestor with a reply date for submission of the outstanding information or documentation.
- (h) Within thirty (30) business days of receipt of the request and, if necessary, all supporting documentation, OHCD Director or designee will provide written notification to the requestor of its decision to approve or deny the request(s). Upon request, the written notification will be provided in an alternate format. A "Letter Denying Request for Reasonable Accommodation(s)" and "Letter Approving Request for Reasonable Accommodation(s)" will be issued.
- (i) If OHCD approves the accommodation request(s), requestor will be notified of the projected date for implementation.
- (j) If the accommodation is denied, will be notified of the reasons for denial. In addition, the notification of the denial will also provide information regarding OHCD's Grievance Procedures.

VERIFICATION OF REASONABLE ACCOMMODATION REQUEST

OHCD may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation Form. In addition, OHCD may request that the individual provide suggested reasonable accommodations.

The OHCD may verify a person's disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

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

The following may provide verification of a resident's disability and the need for the requested accommodation(s):

- (a) Physician;
- (b) Licensed health professional;
- (c) Professional representing a social service agency; or
- (d) Disability agency or clinic.

Upon receipt OHCD will forward the recommendation, including all supporting documentation, to the OHCD Director or designee within ten (10) business days of receipt.

DENIAL OF REASONABLE ACCOMMODATION REQUEST(S)

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

- (a) A violation of Virginia and/or federal law;
- (b) A fundamental alteration in the nature of the OHCD housing programs;
- (c) An undue financial and administrative burden on OHCD;

SERVICE OR ASSISTANCE ANIMALS

Applicants with disabilities under the Housing Choice Voucher Program are permitted to have assistance animals, if such animals are necessary as a reasonable accommodation for their disabilities. Applicants or potential beneficiaries of services who need an assistance animal as a reasonable accommodation must request the accommodation in accordance with the reasonable accommodation policy. Assistance animals are not subject to the requirements of Pet Policy.

RIGHT TO APPEAL/GRIEVANCE PROCESS

- (1) Applicants and participants of Community Preservation and Development (CPD) Federal funding and other programs of OHCD may request a hearing in accordance with OHCD CPD Grievance Procedures.
- (2) Housing Choice Voucher Program participants and applicants for services complainant may file a complaint in accordance with Section 8 Hearing Administrative Plan Chapter 19 "Complaints and Appeals".

PRINCE WILLIAM COUNTY
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
REQUEST FOR REASONABLE ACCOMMODATION

You may utilize this form to request that the Prince William County Office of Housing and Community Development (OHCD) provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the OHCD's facilities, programs or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability".

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to OHCD, 15941 Donald Curtis Drive, Suite 112, Woodbridge, VA 22192. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact your OHCD at 703-792-7530.

_____	_____
Date of Request	Social Security Number
_____	_____
Name of Applicant/Resident/Participant	Telephone Number
_____	_____
Address	City/State/Zip Code

1. I am requesting the following reasonable accommodations(s): _____

2. I am requesting the reasonable accommodation(s) on behalf of: (name):

3. My reason(s) for requesting this reasonable accommodation: _____

4. A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability

The OHCD will work with you to determine how to fulfill your reasonable accommodation request. The OHCD may require documentation to support your reasonable accommodation request(s). Please indicate which option you prefer:

___ I wish to have the following accommodation(s) made

Signature of Applicant/Resident/Participant

Date

PRINCE WILLIAM COUNTY
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
RELEASE OF INFORMATION FOR REASONABLE ACCOMODATIONS

Name: _____ Date: _____

Address: _____

Dear Resident/Applicant:

You have indicated that you, or a member of your household, need a reasonable accommodation because of a disability in connection with a Prince William County Office of Housing and Community Development facility, program or service. A physician, licensed health care professional, or a professional representing a social service agency or disability agency or clinic may verify this information.

Please take this letter and the enclosed pre-addressed envelope to your health care provider or other appropriate individual, clinic or agency.

The Prince William County Office of Housing and Community Development will use this information to evaluate your request for a reasonable accommodation. The Prince William County Office of Housing and Community Development will keep this information confidential. If you choose not to authorize the release of this information, we may not be able to consider your reasonable accommodation request(s).

MODIFICATION/ACCOMMODATION REQUESTED:

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: Household member with disability: _____

I hereby authorize the release of information to the Prince William County Office of Housing and Community Development regarding the request for reasonable accommodation described on this form. This release shall constitute a waiver of confidentiality of our relationship, if any.

Name of Family Member/Parent/Legal Guardian [Print]

Date

Signature

Relationship to Resident

GRIEVANCE PROCEDURES

INTRODUCTION

The purpose of these procedures is to settle any and all grievances which may be raised to ensure that OHCD policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability in connection with operations of OHCD programs, services and activities. These procedures are designed to meet the requirements for grievance procedures as set forth in the *Rehabilitation Act of 1973*, as amended.

INFORMAL SETTLEMENT OF GRIEVANCE

It is the goal of Prince William County to settle any and all grievance matters in an informal way. Upon receipt of a written grievance involving a disability issue, the grievance will be submitted for review to the appropriate supervisor. This supervisor will then meet with the person complaining (hereinafter "grievant") at a time, date and place convenient to both parties. The supervisor hearing the grievance must always be someone other than the person who took the action resulting in the grievance. At the informal settlement, both parties shall present any and all evidence and statements pertaining to the current grievance. All statements and evidence shall be held in strictest confidence by both parties. After the meeting for informal settlement, OHCD will issue a decision within 10 working days in writing. Within the written decision of the informal settlement, the grievant will also be advised that he/she may request a commencement of formal grievance proceeding upon request.

PROCEDURES TO COMMENCE A FORMAL GRIEVANCE HEARING

If the informal procedures fail to satisfy the dispute, the formal hearing process becomes available to have a grievance concerning a disability issue that may also be the subject of a complaint under *Section 504 of the Rehabilitation Act of 1973*, as amended. The following are the steps to be followed under the formal grievance procedure:

- 1. REQUEST FOR A HEARING:**
Within thirty (30) days of receipt of the results of the informal settlement, the person or persons seeking relief from Prince William County may file a written grievance. The letter should state the nature of the grievance and the action or relief sought.
- 2. SELECTION OF A HEARING OFFICER:**
OHCD and the grievant shall jointly select a hearing officer for the adjudication of this dispute. Qualification for being an Officer are as follows:

- No current or former employee of OHCD is eligible.
- It is preferred that any person or persons selected should have a background in meeting the needs, or working with persons with disabilities. Where possible, a representative of a social service agency representing the particular disability in question is preferred.
- Anyone selected may not have any prior knowledge of this particular grievance.

3. FAILURE TO REQUEST A HEARING:

Anyone who is covered under this policy waives his or her right to a hearing if he/she has not requested a hearing within the noted time frames in #1. Other rights to file a complaint under the relief granted by the terms of the *1988 Amendments of Fair Housing Act* or *Section 504 of the Rehabilitation Act of 1973*, as amended, are not waived.

4. HEARING PREREQUISITE:

In order to qualify for a formal 504 Grievance Hearing, the grievant must waive an informal hearing or have participated in the informal settlement procedure outlined above. If the grievant can show just cause why he/she did not participate or request informal settlement under the provisions above, then the Hearing Officer may waive this requirement.

5. LOCATION AND TIME OF HEARING:

The location and time of the hearing shall be jointly agreed upon by all parties involved. Every effort shall be made to locate the hearing in a fully accessible location. If the grievant seeking relief under this policy need signers or special accommodations, such services will be provided free of charge by OHCD upon ten (10) days prior notice.

6. PROCEDURES GOVERNING THE GRIEVANCE HEARING:

All hearing procedures will be held before the Hearing Officer. The grievant or his/her representative shall have the opportunity to examine before the start of proceedings all relevant materials. The grievant shall have the right to secure aid in representation whether of a professional nature or otherwise. This would include, but not be limited to, attorneys, health professionals, or any other person beneficial to the presentation of the case. These hearings shall be held in private unless the grievant requests a public hearing. The grievant has the right to present any and all pertinent evidence and cross-examine any and all witnesses. The decision of any and all hearings shall only be based on facts presented at the time of the grievance hearing.

7. **FAILURE TO SHOW UP FOR THE HEARING:**

In the event that OHCD or its representatives fail to show or if the grievant does not show, the Hearing Officer may postpone the hearing for up to five (5) days or find against the party who failed to show. This determination does not effect the rights to pursue any other legal rights available to the grievant.

8. **RECORDS OF PROCEDURES OR TRANSCRIPTS:**

OHCD or the grievant may arrange for a transcript of the hearing in advance at the expense of the party requesting the transcript.

9. **DECISION OF THE HEARING OFFICER:**

The hearing officer must issue a written decision within ten (10) working days and furnish a copy to all parties. A copy must be kept on file with OHCD. A copy of the decision with all names deleted shall be kept on file for future reference by any other party filing a grievance.