



Greenfield Housing Authority Reasonable Accommodation/Modification Policy

**Adopted by The Greenfield Housing Authority Board of Commissioners on
12/14/2021**

Resolution # 21-77

Greenfield Housing Authority Reasonable Accommodation/Modification Policy
and Procedures

Contents

INTRODUCTION	2
PART A: POLICY	3
SECTION 1. DEFINITIONS	3
SECTION 2. POLICY STATEMENT	3
SECTION 3. PURPOSE	4
SECTION 4. AUTHORITY	4
SECTION 5. MONITORING AND ENFORCEMENT.....	4
SECTION 6. GENERAL PRINCIPLES FOR PROVIDING REASONABLE ACCOMMODATIONS/MODIFICATIONS	5
SECTION 7. AMENDMENTS	6
SECTION 8. STAFF TRAINING	6
PART B: PROCEDURES	7
PROCEDURE 1 - COMMUNICATION WITH APPLICANTS AND RESIDENTS.....	7
PROCEDURE 2 - SEQUENCE FOR MAKING DECISIONS	7
PROCEDURE 3 -GUIDELINES FOR DETERMININNG REASONABLENESS	8
ATTACHMENTS:.....	10
1. Notice of Availability of Reasonable Accommodations/Modifications	10
2. Request for Reasonable Accommodations/Modifications Form	11 - 12
3. Request for Information or Verification	13
4. Verification for Reasonable Accommodation/Modification Request Form	14-16
5. Letter Denying Request for Reasonable Accommodation/Modification.....	17
6. Letter Approving Request for Reasonable Accommodation/Modification.....	18
7. Request for Meeting	19

INTRODUCTION

This Reasonable Accommodation/Modification Policy and Procedures, comprised of Part A and Part B, sets forth the policy and procedures of the Greenfield Housing Authority (the “GHA”) regarding making reasonable accommodations and reasonable modifications for qualified applicants or residents with disabilities for participation in the GHA programs and activities. A copy of this Reasonable Accommodation/Modification Policy and Procedures is posted in GHA common areas and on the GHA website, located at www.greenfieldhousing.org. Additionally, a copy of this Reasonable Accommodation/Modification Policy and Procedures may be obtained upon request by contacting RAInfo@greenfieldhousing.org.

PART A: POLICY

SECTION 1. DEFINITIONS

1.1. The term “ADA” shall mean the Americans with Disabilities Act, as amended.

1.2. The term “FHA” shall mean the Fair Housing Act of 1968, as amended.

1.3. The term “*individual with a disability*”, shall mean:

- (i) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- (ii) A record of such an impairment; or
- (iii) Being regarded as having such an impairment

This definition shall be interpreted as further detailed in 28 CFR § 35.108 (Title II ADA regulations).

1.4. The term “Policy” shall mean Part A of this Reasonable Accommodation/Modification Policy and Procedures, as adopted by the GHA Board, and as may be amended from time to time.

1.5. The term “Procedures” shall mean Part B of this Reasonable Accommodation/Modification Policy and Procedures, and as may be amended from time to time, in a manner consistent with the Policy, by the GHA’s Board.

1.6. The term “reasonable accommodation” as used herein means a change in the GHA’s rules, policies, practices, or services, which may be necessary to provide persons with disabilities an equal opportunity to participate in GHA programs, activities, and services, and/or to enjoy GHA dwellings or facilities.

1.7 The term “reasonable modification” as used herein means a physical change, such as to a dwelling unit, building, common or public area, etc., necessary to afford persons with disabilities an equal opportunity to use and enjoy the premises and/or to access programs, activities, and services.

SECTION 2. POLICY STATEMENT

The GHA is committed to ensuring that its policies and practices do not deny individuals with disabilities the equal opportunity to access, participate in, or benefit from, the GHA’s housing services, programs, and facilities, nor otherwise discriminate against individuals with disabilities in connection with the operation of the GHA’s housing services or programs. Therefore, if an individual with a disability requires a reasonable accommodation, i.e., a change to its rules, polices, practices, or services, or a reasonable modification, i.e., a physical alteration to a housing unit or public or common use area, the GHA will provide such a reasonable accommodation/modification, unless doing so would result in a fundamental alteration to the nature of the program or an undue financial and administrative burden. In such a case, the GHA will engage in an interactive

process with the individual or person acting on the individual's behalf to make another accommodation/modification that would not result in a fundamental alteration or financial and administrative burden.

SECTION 3. PURPOSE

3.1 This Policy is intended to:

- (a) communicate the GHA's position regarding reasonable accommodations/modifications for persons with disabilities in connection with the GHA's housing programs services, and policies;
- (b) establish a procedural guide for implementing such Policy; and
- (c) comply with applicable federal, state and local laws to ensure accessibility for persons with disabilities to housing programs, benefits and services administered by the GHA.

SECTION 4. AUTHORITY

4.1 The requirements of this Policy are based upon the following statutes and regulations:

- (a)Section 504 of the Rehabilitation Act of 1973, as amended ("Section 504"), and implementing regulations at 24 CFR part 8, which prohibit discrimination on the basis of disability status by recipients of federal financial assistance.
- (b)The Fair Housing Act ("FHA"), as amended, which prohibits discrimination in the sale, rental, and financing of dwellings on the basis of disability and other protected classes. Reasonable accommodation requirements are further clarified under The Joint Statement of the Department of Housing and Urban Development and the Department of Justice on Reasonable Accommodations under the Fair Housing Act¹;
- (c)Title II of the Americans With Disabilities Act ("ADA"), as amended, and implementing regulations at 28 CFR part 35, prohibit discrimination on the basis of disability status by public entities. Except as provided in §35.102(b), of 28 CFR Part 35, the ADA applies to all services, programs and activities provided or made available by public entities (State and local governments and agencies and instrumentalities thereof).
- (d)Massachusetts General Laws chapter 151B, which prohibits discrimination against persons with disabilities and other protected classes in the renting, leasing, or sale of housing accommodations.

SECTION 5. MONITORING AND ENFORCEMENT

The GHA Executive Director or his/her designee is responsible for monitoring the

¹ https://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/joint_statement_ra.pdf .

GHA's compliance with this Policy and enforcing the requirements under this Policy. Questions regarding this Policy, its interpretation or implementation should be made by contacting RAInfo@greenfieldhousing.org in writing, or in person by appointment, by calling (413) 774-2932 x201.

SECTION 6. GENERAL PRINCIPLES FOR PROVIDING REASONABLE ACCOMMODATIONS/MODIFICATIONS

6.1 Listed below are the general principles which provide a foundation for the Policy and which GHA staff should apply when responding to requests for reasonable accommodations/modifications within all GHA housing programs:

(a) It is presumed that the individual with a disability is usually knowledgeable of the appropriate types of, and methods for providing, reasonable accommodations/modifications needed when making a request. However, the GHA may offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation/modification.

(b) The procedure for evaluation and responding to requests for a reasonable accommodation/modification relies on a cooperative relationship between the GHA and the applicant/resident, or person acting on the applicant/resident's behalf. The process is not adversarial. Instead, it is an **interactive process**, including for the purposes of addressing any needed clarifications as to what is being requested or information that was submitted, any further information that may be needed, and/or in some cases, to discuss alternative accommodations/modifications that may meet the individual's needs.

(c) The GHA shall inform all applicants and residents of alternative forms of communication. The Request for Reasonable Accommodations/Modifications form ("Request Form") (a copy of which is attached to this Policy and Procedures as Attachment 2) is designed to assist the GHA and our applicants/residents. If an applicant/resident does not, or cannot use the Request Form, the GHA will still respond to the request for an accommodation/modification. The applicant/resident may also request assistance with the Request Form or may request that the Request Form be provided in an equally effective format or means of communication through auxiliary aids and services.

(i) Some examples of auxiliary aids and services include the following: qualified interpreters, printed material, telecommunications products and systems including text telephones (TTYs), assistive listening devices, or other effective methods of making aurally delivered materials available to persons who are deaf or hard of hearing; qualified readers, taped texts, audio recordings, materials written in Braille, large print materials, or other effective methods of making visually delivered materials available to individuals who are blind or have low vision.

(d) If the accommodation/modification is reasonable (see Procedure 3 below), the GHA will grant it.

(e) In accordance with Procedure 3 below, the GHA will grant the request for a reasonable accommodation/modification only to the extent that an undue financial and administrative burden or fundamental alteration to the nature of the program is not created thereby. A “fundamental alteration” is a modification that alters the essential nature of a provider's operations (e.g., a request for a service such as a transportation service that the GHA does not provide under its program). The GHA will make a determination of undue financial and administrative burden on a case-by-case basis, involving various factors, such as the cost of the reasonable accommodation/modification, the financial resources of the GHA, the benefits the accommodation/modification would provide to the requester, and the availability of alternative accommodations/modifications that would adequately meet the requester’s disability–related needs.

The GHA will also grant reasonable modifications in accordance applicable laws, including G.L. c. 151B § 4(7A) with respect to reasonable modifications that are at the expense of owners in publicly assisted housing. The GHA will also set-aside and consult resources for its state-aided public housing in accordance with PHN 2011-13.

(f) All written documents required by or as a result of this Policy must contain plain language and be in appropriate alternative formats in order to communicate information and decisions to the person requesting the accommodation/modification.

(g) Any in-person meetings with a person with mobility impairments will be held in an accessible location. Reasonable accommodations will also be made to meet the person’s disability-related needs, including through telephonic or remote meetings, as well as through requested auxiliary aids or services, to ensure the person has an equally effective opportunity to attend and participate

SECTION 7. AMENDMENTS

7.1. The Policy may be amended only by resolution of the Board of the GHA.

7.2. The Procedures may be amended within the scope of the Policy by the Board of the GHA.

7.3. Legal Compliance. Any amendment to the Policy or Procedures shall be consistent with all applicable laws and regulations.

SECTION 8. STAFF TRAINING

The Executive Director or his/her designee will ensure that GHA staff are familiar with this Policy and Procedures and all applicable federal, state, and local requirements regarding reasonable accommodations/modifications. The Executive Director or his/her designee will avail himself/herself of training opportunities related to anti-discrimination efforts and reasonable accommodations/modifications.

PART B: PROCEDURES

PROCEDURE 1 - COMMUNICATION WITH APPLICANTS AND RESIDENTS

1. At the time of application, all applicants will be provided with the opportunity to request a reasonable accommodation/modification on the Common Housing Application for Massachusetts Public-Housing (CHAMP) or by paper application, or, upon the applicant's request, in another equally effective format. The Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are available for Applicants and Residents with Mental and/or Physical Disabilities ("Notice") is attached to this Policy and Procedures as Attachment 1.
2. GHA Residents seeking accommodations/modifications may contact the management office located within their housing development or the management office for their scattered site residence or call the GHA office at 413-774-2932.
3. The GHA is responsible for informing all residents that a request may be submitted for reasonable accommodations/modifications for an individual with a disability. All residents will be provided the Notice and the Request Form when requesting a reasonable accommodation/modification. *However, the Request Form cannot be required. A resident may otherwise submit the request in writing, orally, and at any time.* Upon receiving the request, housing management and/or the Executive Director will respond to the request within ten (10) business days. If additional information or documentation is required, a written request should be issued to the resident by using the Request for Information or Verification Form ("Request for Information") (a copy of which is attached to this Policy and Procedures as Attachment 3). The Verification of Disability by Physician or Other Professional for Reasonable Accommodation/Modification Request form ("Verification for Reasonable Accommodation/Modification Request Form") is attached to this Policies and Procedures as Attachment 4).
4. The GHA will approve or deny the request as soon as possible, but not later than thirty (30) days after receiving all needed information and documentation from the resident. All decisions to grant or deny reasonable accommodations/modifications will be communicated in writing or if required, in an alternative format to communicate the decision to the applicant/resident. Exceptions to the thirty (30) day period for notification of the GHA's decision on the request should be provided to the resident in writing setting forth the reasons for the delay. A copy of each of the Letter Denying Request for Reasonable Accommodation/ Modification and the Letter Approving Request for Reasonable Accommodation/ Modification is attached to this Policy and Procedure as Attachment 5 and Attachment 6, respectively.
5. The GHA will maintain its offices written materials which summarize this Policy and highlights the Procedures for making a request for reasonable accommodation/modification.

PROCEDURE 2 - SEQUENCE FOR MAKING DECISIONS

- STEP 1.** Is the applicant/resident a qualified "individual with a disability"?
- (a) If NO, the GHA is not obligated to make a reasonable accommodation/modification;

therefore, the GHA may deny the request.

- (b) IF YES, proceed to Step 2.
- (c) If more information is needed, the GHA will seek additional information as appropriate through the standard Request for Information letter, the standard Request for Meeting letter, and/or other equally effective method of communication (a copy of the Request for Meeting letter is attached to this Policy and Procedures as Attachment 7).

STEP 2. Is the requested accommodation/modification related to the disability?

- (a) If NO, the GHA is not obligated to make the accommodation/modification; therefore, the GHA may deny the request.
- (b) If YES, proceed to Step 3.
- (c) If more information is needed, the GHA will seek additional information as appropriate through the standard Request for Information letter, the standard Request for Meeting letter, and/or other equally effective method of communication

STEP 3. Is the requested accommodation reasonable? This determination will be made by following PROCEDURE 3 - GUIDELINES FOR DETERMINING REASONABLENESS, below.

- (a) If YES, the GHA will approve the request for reasonable accommodation/modification. A written description of the accommodation/modification will be prepared and included in the Letter Approving Request for Reasonable Accommodation/Modification.
- (b) If NO, the GHA may deny the request. Submit the denial using the Letter Denying Request for Reasonable Accommodation/Modification.
- (c) If more information is needed, the GHA will seek additional information as appropriate through the standard Request for Information letter, the standard Request for Meeting letter, and/or other equally effective method of communication.

PROCEDURE 3 -GUIDELINES FOR DETERMINING REASONABLENESS

1. In accordance with Section 6.1 of the Policy, the GHA will consider the requested method for providing reasonable accommodations/modifications for an individual with a disability. However, unless the disability-related need for an accommodation/modification is obvious or otherwise known to the GHA, the GHA may require the individual with a disability to provide further information to demonstrate the need for the requested accommodation to enable an equal opportunity to access, use, or enjoy the housing program or GHA services and activities. Additionally, the GHA may offer equally effective alternatives to the requested accommodation/modification, and/or alternative methods for providing the requested accommodation through the interactive process.

2. Requests for reasonable accommodation/modification will be considered on a case-by-case basis. Decisions regarding reasonable accommodations/modifications will be made in compliance with all applicable laws, regulations, and requirements. Additionally, in those circumstances where the GHA deems that a proposed reasonable accommodation/modification would fundamentally alter the service, program, or activity, or would result in undue financial and administrative burdens, the GHA has the burden of proving such

result(s).

3. The responsibility for the decision that a proposed reasonable accommodation/modification would result in such alteration or burdens shall rest with the Executive Director or his/her designee after considering all resources available for use in the funding and operation of the service, program, or activity, and must be accompanied by written statement of the reasons for reaching that conclusion. If an action would result in such an alteration or such burdens, the GHA shall propose any other action that will not result in or require a fundamental alteration or financial and administrative burden as part of the interactive process.

4. Direct Threat. Generally, an accommodation is not required if it would pose a “direct threat” to the health and safety of other individuals or would result in substantial physical damage to the property of others. The GHA’s assessment of “direct threat” will be individualized and based on reliable objective evidence (*e.g.*, current conduct, or a recent history of overt acts). The GHA’s assessment will consider: (1) the nature, duration, and severity of the risk of injury; (2) the probability that injury will actually occur; and (3) whether there are any reasonable accommodations that will eliminate the direct threat. In evaluating a recent history of overt acts, the GHA will take into account circumstances, such as intervening treatment or medication, which have eliminated the direct threat (*i.e.*, a significant risk of substantial harm).

5. Verification. The GHA may generally verify a person has a disability only to the extent necessary to determine that the person: is qualified for the housing for which they are applying; is entitled to any disability-related preference or benefit they may claim; or has a disability-related need for a requested accommodation/modification in order to have an equal opportunity to enjoy the housing and/or participate in or benefit from the GHA’s activities, programs, or services.

In response to reasonable accommodation/modification requests, the GHA may not require verification of disability if the disability is obvious or otherwise known. The GHA also may not ask what the disability is or require specific details as to the disability. The GHA may require documentation of the disability-related need (*i.e.*, information showing that there is a relationship or nexus between the requested accommodation/modification and the individual’s disability or effects of the disability), unless such need is obvious or otherwise known. The GHA may not otherwise inquire into the nature or severity of the disability, require access to confidential records, or require specific types of evidence of disability or disability-related need.

6. Confidentiality. Information provided to the GHA in relation to a reasonable accommodation/modification request will be kept confidential and will not be shared with other persons unless they need the information to make or assess a decision to grant or deny a reasonable accommodation/modification request or unless disclosure is required by law.

7. Additional Procedures: Applicant Appeals and Tenant Grievances

[For programs subject to 760 CMR 5.08(2) and/or 760 CMR 6.03 & 6.08] When the GHA determines that an applicant may be disqualified for housing because of a lease

violation at a prior tenancy or other disqualifying conduct, if the applicant shows that the lease violation or disqualifying conduct was due to a disability, then these facts shall be considered by the GHA as mitigating circumstances pursuant to 760 CMR 5.08(2). Disability-related circumstances relating to a lease violation may also be presented by or on behalf of a resident with a disability as part of the grievance process pursuant to 760 CMR 6.03 & 6.08. For example, a tenant may demonstrate that a lease violation arose from a disability and that some circumstance has changed, and/or some reasonable accommodation could be provided, making the conduct unlikely to recur. Such circumstances may also be presented separately through a reasonable accommodation request (e.g., a request to forego eviction) independent of the grievance process. Tenants may also grieve GHA responses or inaction with respect to a reasonable accommodation/modification request through the grievance process pursuant to 760 CMR 6.03 & 6.08.

ATTACHMENTS:

Attachment 1 – Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are Available for Applicants and Residents with Mental and/or Physical Disabilities

Attachment 2 – Request for Reasonable Accommodations/Reasonable Modifications

Attachment 3 – Request for Information or Verification

Attachment 4 – Verification of Disability by Physician or Other Professional for Reasonable Accommodation/Modification Request

Attachment 5 – Sample Letter Denying Request for Reasonable Accommodation/Modification

Attachment 6 – Sample Letter Approving Request for Reasonable Accommodation/Modification

Attachment 7 – Sample Request for Meeting



1 Elm Terrace

Greenfield, MA 01301

413-774-2932 (P) 413-772-0616 (F)

Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are Available for Applicants and Residents with Mental and/or Physical Disabilities

Greenfield Housing Authority (GHA) does not discriminate against applicants or residents on the basis of mental (including psychiatric) or physical disabilities. In addition, the GHA has an obligation to provide "reasonable accommodations" and "reasonable modifications" on account of a disability if an applicant or resident or a household member is limited by the disability and for this reason needs such an accommodation or modification. A reasonable accommodation is a change that the GHA can make to its rules, policies, practices, or services, and a reasonable modification is a change an GHA can make to its facilities (including physical alterations to the housing unit or public or common use areas) that will assist an otherwise eligible person with a disability to have equal opportunity to use and enjoy the housing or common or public use areas or to participate fully in the GHA's programs, activities, or services. Such changes may not be reasonable if they are not financially and programmatically feasible for the housing authority.

An applicant or resident household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the GHA, and to avoid disturbing neighbors), but an accommodation or modification may be the basis by which the household is able to meet those obligations of tenancy.

The GHA's Accommodation Coordinator is the Executive Director or his/her designee. If you need an accommodation or modification because of a disability, please complete the attached form and return it to the GHA. Upon reasonable request by the GHA, you must also submit documentation verifying the existence of a disability and the disability-related need for the accommodation or modification. Within thirty (30) calendar days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the GHA can reasonably do to provide you an accommodation or modification on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result needs an accommodation or modification, you, the household member, or authorized representative, may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.



1 Elm Terrace
Greenfield, MA 01301
413-774-2932 (P) 413-772-0616 (F)

Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator _____

Housing Authority _____

Address _____

From: _____
Applicant or Resident Name (please print) Control Number

Address

Town/City, State, Zip

(____) _____
Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

2. This request for a reasonable accommodation/modification is necessary so that I can:

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature of Applicant or Resident (or authorized representative)

Date

I authorize Greenfield Housing Authority to verify that I have a disability/handicap and have the need for the reasonable accommodation I have requested. In order to verify this information, the GHA may contact the following third party medical/mental health professional familiar with my disability.

Professional to contact to verify the need for the requested accommodation:

Name of Professional: _____

Title: _____

Agency, Facility, or Institution (if any): _____

Phone# _____

Address: _____

**Do you grant the GHA permission to obtain information from your medical professional?
Yes or No (Please circle)**

I understand that the information obtained by the GHA will be kept completely confidential and used solely to make a determination on my reasonable accommodation request. Please return the form as promptly as possible.

Head of Household Signature

Date

Disabled family member Signature if over age 18

Date



1 Elm Terrace
Greenfield, MA 01301
413-774-2932 (P) 413-772-0616 (F)

Date:

To:

Dear Applicant or Resident:

We have received your request for a reasonable accommodation[modification].

We need to know more about [the disability-related need for your request] [explain issue, simply and clearly stated] before we can decide whether to approve your request.

We need to know more because [provide reason, simple and clearly stated].

You can give us more information by [providing the attached Verification of Disability by Physician or Other Professional for Reasonable Accommodation/Modification Request form or by other information demonstrating the disability-related need for your request].

If this is a problem for you, please reach out to our office and so that alternative methods of providing the information may be made available to you.

We will not make a decision on your request for reasonable accommodation/modification until we have this new information.

If you think that you have given us this information, or if you think that we should not ask for this information, please call us at 413-774-2932 or email us at RAInfo@greenfieldhousing.org.

[Signature and closing]



1 Elm Terrace
Greenfield, MA 01301
413-774-2932 (P) 413-772-0616 (F)

Date: _____

Dear _____

I have applied for a reasonable accommodation from the Greenfield Housing Authority (GHA) and request that you fill out the following certification. Enclosed is a copy of my Request for Reasonable Accommodation.

Patient's Name: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

**Verification of Disability by Physician or Other Professional
for Reasonable Accommodation/Modification Request**

The Greenfield Housing Authority (GHA) may request verification that an applicant/resident has a disability to determine whether the applicant/resident needs a reasonable accommodation in the GHA's rules, policies, practices or services, or needs a reasonable modification of the leased premises or public or common use areas, in order to have equal opportunity to use and enjoy the leased premises or the public or common use areas, or to participate fully in the GHA's programs, activities, or services. The above-named applicant/resident has authorized your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

Executive Director and/or Reasonable Accommodation Coordinator

The remainder of this form is to be completed by medical personnel.

Name of Physician or other professional: _____

Profession: _____

Address

Date _____

The following proposed reasonable accommodation(s)/reasonable modification(s) to provide the applicant/resident equal opportunity to use and enjoy the LHA's housing, programs, etc. is (are) under consideration by the GHA:

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL):

In my opinion, the patient has a disability, which is defined under law as a physical or mental impairment that substantially limits one or more major life activities. *

YES

NO

*Note: Determination of whether a physical or mental impairment substantially limits a major life activity is to be made without regard to the ameliorative effects of mitigating measures (e.g., assess substantial limitation of a major life activity, including the operation of a major bodily function, without considering the benefit of medication, assistive devices, etc., to the individual). Furthermore, an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

In my opinion, the patient's disability requires that the GHA make reasonable accommodations in order for the patient to have equal opportunity to successfully use and enjoy the GHA's housing, programs, etc.

YES

NO

Please describe how the accommodation your patient has requested relates to their disability and verify that the enclosed description of needed changes requested by your patient are necessary for equal enjoyment of the programs opportunity as a result of their disability. (Please use the space provided below or attach your response to this form*).

*Note: please only provide information that demonstrates there is a relationship between a disability verified by a “yes” response to question 1 above and the need for the proposed reasonable accommodation/modification. Please do not otherwise provide information as to the nature or severity of the disability.

If specialized equipment is recommended, please describe the equipment, where it may be obtained, does it require its own room and any specifications related to the equipment:

The need for this accommodation is:

Permanent

Temporary: Expected to last 1 year or more _____ Less than 1 year _____

Please indicate how current your knowledge is regarding this individual:

Within the last six months

Prior to the last six months

CERTIFICATION: I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.

Signature of Physician or Professional

Title

Name: _____

Address: _____

Telephone #: _____

Date: _____

You may be called to testify in a court of law concerning the information provided in this form.

Attachment 5 – Letter Denying Request for Reasonable Accommodation/Modification



1 Elm Terrace
Greenfield, MA 01301
413-774-2932 (P) 413-772-0616 (F)

Date:

To:

Dear Applicant or Resident:

We have denied your request for a reasonable accommodation[modification] for the following reasons: [list legal reason (e.g., undue administrative and financial burden to the LHA) simply and clearly stated].

If you have any questions or disagree with this decision and believe you can provide the GHA with additional information as to why the requested accommodation should be approved, please contact us at 413-774-2932 or RAInfo@greenfieldhousing.org.

[Signature and closing]



1 Elm Terrace
Greenfield, MA 01301
413-774-2932 (P) 413-772-0616 (F)

Date:

Name
Address
Address

Dear Applicant or Resident:

The Greenfield Housing Authority (GHA) **has approved** your request for the following change or reasonable accommodation to (modification) (description):

We can provide you with this accommodation (modification) by (date).

If there is a delay in providing the accommodation, explain here....

If you think this change or reasonable accommodation (modification) is not what you requested, not acceptable, object to the timeliness.....

If you have any questions, please feel free to contact our office at 413-774-2932.

Sincerely,

Name
Title

Attachment 7 – Request for Meeting



1 Elm Terrace
Greenfield, MA 01301
413-774-2932 (P) 413-772-0616 (F)

Date:

To:

Dear Applicant or Resident:

We have received your request for a reasonable accommodation dated [xx/xx/xxxx]. It would help us make our decision if we could meet with you. You are entitled to bring someone to assist you at the meeting.

We would like to meet on [date, time, place] [include remote meeting and telephonic meeting options as an alternative to an in-person meeting]. If you cannot come at that time, please call us at [(xxx) xxx-xxx] and we can find a mutually agreeable date and time.

We will talk about [describe issue, simply and clearly] at this meeting.

Please come ready to talk to us about the changes you want. Please bring copies of any information that you would like to provide us.

We look forward to meeting with you.

If you have questions, or if you need any accommodations for this meeting, please contact 413-774-2932.

[Signature and closing]