

# **EXHIBIT B – Reasonable Accommodation/ Modification Policies and Forms**

DRAFT FOR COMMENTS

# Reasonable Accommodation/ Modification Policies and Forms

## Policy Statement

It is the policy of CCH to comply fully with the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Unruh Act, and the California Fair Employment and Housing Act. This policy incorporates the requirements of those laws and applicable regulations.

CCH strives to provide equal opportunity for all individuals and seek to identify and eliminate conditions that create barriers to equal opportunity, and whenever possible, will make physical and procedural changes in order to reasonably accommodate people with disabilities to participate in and benefit from the housing, programs, and services that are administered by CCH. CCH will provide reasonable accommodations/modifications under all its properties in accordance with this policy.

CCH will review all requests for reasonable accommodation or modification on a case-by-case basis and there is no limit to the number of reasonable accommodations or modifications an applicant or resident may make. It is the responsibility of the applicant or resident to identify the type of accommodation best suited to their disability needs and are encouraged to communicate alternative accommodations that would meet their needs; however, CCH may enter into negotiation to identify alternative accommodations if the initial request is not reasonable.

Through marketing and outreach, CCH seeks to attract a broad section of low-income seniors and families, including person(s) with disabilities and will make written communications available in alternative formats such as Braille, large print, audio, or electronic formats, if requested by a person with disability or a disabled family member.

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The Director of Compliance shall be designated as the Section 504 Coordinator for CCH and will be responsible for the coordination of compliance activities, record keeping, and shall be the final determiner of accommodations grievances.

## Notification of RAMPP

CCH will post a Notice of Non-Discrimination that provides information about CCH's Reasonable Accommodation Modification Policies and Procedures (RAMPP) and examples an applicant or resident may request. Copies of the full RAMPP and forms will be available on the CCH website, CCH Management Corporate Office(s), and the management office of each property.

At application, move-in, recertification, or at any time of a request to owner, management agent, or services, CCH's Request Form will be provided, including any assistance completing or understanding the form. CCH's Request Form is not required, but highly encouraged as it walks the requestor through all pertinent information the owner/agent may need to thoroughly and expeditiously process their request.

## Examples of RA/Ms

The following are examples of reasonable ACCOMMODATIONS; it is not intended to be an exclusive list:

- If a person with disabilities is unable to come to the management office due to a disability, CCH staff may upon request:
  - Reschedule the appointment/interview to accommodate the family's needs;
  - Conduct the appointment/interview by phone and mail documents to the family for signatures; or
  - Schedule a non-office visit (for example, visit at home or nursing home).

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- If a person with disabilities is having difficulty understanding or filling out forms, the CCH staff may assist the individual, if requested, and advise the person with disabilities that they may bring someone with them to assist.
- If a person with disabilities has a hearing impairment, the CCH staff provide a Sign Language Interpreter, if requested.
- If a person with disabilities has a vision impairment, the CCH staff may, if requested:
  - Assist as a reader in completing forms
  - Permit an appointment/interview to be recorded
  - Allow the individual to bring someone to assist them; or
  - Provide alternate format materials, such as large print documents.
- Provide space to accommodate an assistive animal or device.

The following are examples of reasonable MODIFICATIONS, it is not intended to be an exclusive list:

- Installing grab bars, handrails, wheelchair ramps or level hardware for a mobility-impaired person.
- Modifying units for hearing-impaired and vision-impaired persons, for example, providing appropriate doorbells

## **Requests**

### **Verifying a Request**

Third-party verification is required when the disability and/or need for the requested accommodation is not apparent or has not been previously established. Third-party verification can only be completed by requestor providing all pertinent contact information of the verifier, as listed on CCH's Request Form.

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CCH will mail, fax, or e-mail the Request Form and a Certification of Need form to the Verifier once every seven (7) calendar days for a maximum of three attempts. If upon receipt of a completed Certification of Need form, the form is not complete or provide the necessary information in making a decision, CCH will document and make additional attempts to contact the Verifier to obtain the needed information.

A Self-Certification of disability and need for an accommodation may be requested by an individual with disabilities, if all of the following exist:

- The individual has an obvious and/or visible disability (such as an individual who regularly uses a wheel chair or an individual with a hearing impairment); and
- The accommodation requested is clearly related to the individual's disability (for example, a hearing-impaired person requests a sign language interpreter);

The Self-Certification of Need for Reasonable Accommodation or Modification must be signed and dated by the requestor, unless the request is being made on behalf of a minor or a person who lacks legal capacity. In such cases the form must be signed and dated by the parent, guardian, conservator, or attorney in fact who holds an appropriate power of attorney.

If the CCH staff cannot ascertain whether or not the requested accommodation or modification is related to the disability, the individual will be informed that third-party Certification of Need is required. In this case, the Requestor must complete CCH's Request Form.

### **Approving a Request**

A request can be approved after the disability has been verified, the nexus has been established, and the request is deemed reasonable. CCH Staff is to notify the requestor of the approval in writing within two (2) business days of the approval being determined.

The Approval Letter shall include the following information:

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- For exceptions/adjustments to policy or procedure, the letter will briefly describe the exception/adjustment to the policy or procedure that is being granted as the accommodation. The letter will also include the name and contact information of the CCH staff that the Requestor can direct questions regarding the accommodation.
- For physical modifications to units or common area in CCH managed buildings, the letter will include a description of the modification to be provided, estimated date of modification, and the contact person who can answer questions related to the modification.

### **Denying a Request**

A request will be denied if the disability or nexus cannot be verified, or if request is deemed unreasonable. CCH staff is to notify the requestor of the denial in writing within two (2) business days of the denial being determined.

The Denial Letter shall include the following information:

- For all requests, the letter will include the requested accommodation or modification, the dates of verification attempts, the results of the verification, reason(s) for denial, and the rights of the requestor to appeal to the Section 504 Coordinator.

### **Request for Consideration of Mitigating Circumstances**

A family member with a disability who would normally be/or was denied housing or assistance or evicted from CCH managed housing due to the family's action or inaction may request consideration of mitigating circumstances related to a disability.

Based upon the documentation provided, a mitigating circumstance shall be granted if:

- The action or inaction of the family was due to a family member's disability; and

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- A reasonable accommodation/modification related to the person would allow the person to fulfill housing/assistance obligations or requirements.

The family may be (where appropriate) required to enter into an agreement with CCH that outlines the conditions that the family will follow to ensure that they meet and maintain the essential eligibility requirements.

A recurrence of the action or inaction by the family following the granted reasonable accommodation/modification due to mitigated circumstances may result in denial, termination, or eviction. However, CCH will evaluate any further reasonable accommodation requests on a case-by-case basis, even where a member has previously received an accommodation/modification regarding action or inaction that violated housing or assistance rules.

## Reasons for Denial of Requests

The following are reasons why a request for reasonable accommodation or modification may be denied:

- Constitutes a direct threat to the health and safety of other individuals;
- Results in substantial physical damage to the property of others;
- Results in a fundamental alteration of the program;
- Causes an undue administrative or financial burden, if granted;
- There is no clear relationship (nexus) between the disability and the requested accommodation/modification;
- Inability to obtain verification that a disability exists in cases when the disability is not apparent;
- The individual fails to provide information or documentation as requested by CCH (request may be reopened once all necessary documentation is provided), or

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- The accommodation has been previously granted, but was not effective in enabling the person with disabilities to meet the statutory eligibility requirements of housing or assistance.

## Response to Requests

CCH will promptly respond in writing to a request for a reasonable accommodation, modification, or consideration of mitigating circumstances with a decision or a request for additional information not to exceed 30 calendar days from receipt of verification(s).

When a request for additional information is made, the requestor must respond within 15 calendar days of such request, except in cases of extenuating circumstances. A request may be reopened if the documentation is received after the stated deadline.

Upon receipt of the necessary information, CCH will respond within 30 calendar days, except in cases of extenuating circumstances. In such cases of delay, CCH will notify the requestor in writing why additional time is needed to respond to the request.

CCH will take into consideration the requestor's disability and its impact on the requestor's ability to comply with deadlines.

## Grievances

Please **see Exhibit G** of the Resident Selection Criteria.

## Oversight and Records

The Section 504 Coordinator will maintain the files and records of CCH relating to the complaints that are sent to the Section 504 Coordinator's office as required by federal regulations.

All communication and documentation regarding reasonable accommodation or modification requests are to remain in the Requestor's file. CCH Staff is to ensure that data regarding reasonable



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accommodations or modifications are updated in the applicable business software system.

## **RAMPP Complaints**

Individuals who believe they have been discriminated against in connection with this policy should contact CCH's Section 504 Coordinator:

Section 504 Coordinator/Director of Compliance  
1855 Olympic Boulevard; Suite 320  
Walnut Creek, CA 94596

Individuals who believe they have been discriminated against also have the right to file a complaint with the U.S. Department of Housing and Urban Development (HUD). These individuals should send a letter specifying their complaint to the following address:

Assistant Secretary for Fair Housing and Equal Opportunity  
U.S. Department of Housing and Urban Development  
451 Seventh Street, S.W.  
Washington, D.C. 20410



# OPERATIONS REQUEST FORM

## REASONABLE ACCOMMODATIONS/MODIFICATIONS



### SECTION 1 – INFORMATION & INSTRUCTIONS

If you require assistance in completing this form, please let us know and we will assist. Please have the form completed in entirety and signed by the Head of Household (HOH) AND Household Member needing the accommodation (Requestor), if 18 years of age or older.

**AUTHORIZATION TO RELEASE INFORMATION: You give the property’s managing agent, permission to contact any individual named herein, for purposes of verification, related to disability and the basis for a reasonable accommodation(s) or modification(s) requested, and understand all information will be kept confidential.**

### SECTION 2 – REQUESTOR & HOUSEHOLD INFORMATION

**A HEAD OF HOUSEHOLD** First and Last Name: \_\_\_\_\_

**B REQUESTOR** First and Last Name: \_\_\_\_\_

**C** Property: \_\_\_\_\_ Unit #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3 – DISABILITY DESIGNATION

**A** By completing this request, you are certifying that you or a member of your household is disabled; a disability is defined as:

1. having a physical or mental impairment that limits one or more major life activities;
2. having a record of history of having such an impairment;
3. being regarded as having such impairment; or
4. being associated with a person who has or is perceived to have such an impairment.

**B** Please let us know if your disability is permanent or temporary, and if temporary for how long by checking only one of the boxes below:

My disability is     **PERMANENT**  
                                  **TEMPORARY**, how long: \_\_\_\_\_

**C** Please let us know which major life activity(ies) you believe to be limited by your disability (check all that apply):

- Walking    Breathing    Seeing    Talking    Hearing  
 Learning    Caring for Oneself    Performing Manual Tasks  
 Other: \_\_\_\_\_

### SECTION 4 – REQUEST NEXUS

**A** *How is your request going to help you?* Please do not disclose the nature of your disability or diagnosis, we want to understand how your need will be met by your request.

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

## SECTION 5 – VERIFIER INFORMATION

**A *Verification Statement:*** A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about your household member’s disability will provide verification of the disability. Any information to make/assess a decision to grant or deny an accommodation/modification.

Please provide the contact information so we may verify disability and need:

Name & Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Office Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

## SECTION 6 – ADDITIONAL COMMUNICATIONS

**A**     **NO**    Do you authorize us to communicate with other individuals? For example, other family members, friends, social workers. *If YES, provide below*

*Name #1:* \_\_\_\_\_

*Email #1:* \_\_\_\_\_

*Name #2:* \_\_\_\_\_

*Email #2:* \_\_\_\_\_

**SECTION 7 – REQUEST DETAILS**

**A Accommodation Requests:**

Is your household member with a disability asking for a **change to a rule, policy, practice, or service**?  YES  NO

Please note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met)

If so, please select from the below options, or provide details:

Companion Animal  Live-In Aide

Unit Transfer, specify needs: \_\_\_\_\_

Other, explain: \_\_\_\_\_

**B Modification Requests:**

Is your household member with a disability asking for a **physical change** to a unit or common area on-site?  YES  NO

If so, please select from the below options, or provide details:

Flooring, specify the type: \_\_\_\_\_

Grab Bars, where/location(s): \_\_\_\_\_

Other, explain: \_\_\_\_\_