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Reasonable Accommodation

Elizabeth Hutton - Reasonable Accommodation Coordinator
Patty Martinez, Reasonable Accommodation Clerk
831-454-5955 ext. 317
ra@hacosantacruz.org

What We Will Cover ...

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- Most Common Acronyms
- Definitions & Regulations
- RA Process Overview
- Forms on the HA Website
- 3rd Party Verification of Disability
- Specifics about Most Common RA Requests
- Questions

Common Acronyms

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- **RA** – reasonable accommodation
- **RAR** – reasonable accommodation request
- **RAC** – Reasonable Accommodation Committee
- **KP** – knowledgeable professional
- **VOD** – verification of disability
- **LIA** – Live in Aid
- **Consent Forms** – a.k.a Release of Information (ROI)
 - Submit Consent forms to the Information Center NOT RA
 - ✦ info@hacosantacruz.org – write “consent form” in the subject line
 - ✦ Drop Box (inside & outside front office) 2160 41st Avenue
 - ✦ FAX – 831-469-3712

Reasonable Accommodation is...

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...a **change, exception, or adjustment** to a rule, policy, practice, or service that may be necessary for a **person with disabilities** to have equal opportunity to use and enjoy a dwelling or fulfill program obligations.



Definitions & Regulations

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- **Person with Disability** (24 CFR 8.3) - **having a physical or mental impairment that substantially limits one or more major life activities; **has a record of** such an impairment; or **is regarded as having** such an impairment.**
- Section 504 of the Rehabilitation Act (29 U.S.C. § 794)
- PIH 2003-31, PIH 2006-13, and PIH 2010-26
- Joint Statement of the Department of Housing and Urban Development and the Department of Justice on Reasonable Accommodations Under the Fair Housing Act
- Fair Housing Act of 1988 - implemented in 24 CFR 100
- Architectural Barriers Act (ABA) - implemented in 24 CFR 40.4
- Americans with Disabilities Act - implemented in 28 CFR 35 (Dept. of Justice regulations)

Definitions cont.....

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- Knowledgeable professional (KP) - An individual with medical or professional knowledge of the person's disability **and** can provide the “nexus” between (a) the request and (b) the disability.
- Nexus – relationship or connection between (a) & (b)
- Live in Aid – resides full-time in the home with elderly, near elderly, or persons with disability
 - essential to the care and well-being of the persons;
 - not obligated for the support of the persons; and
 - Would not be living in the unit except to provide the necessary supportive services.

RA Process Overview

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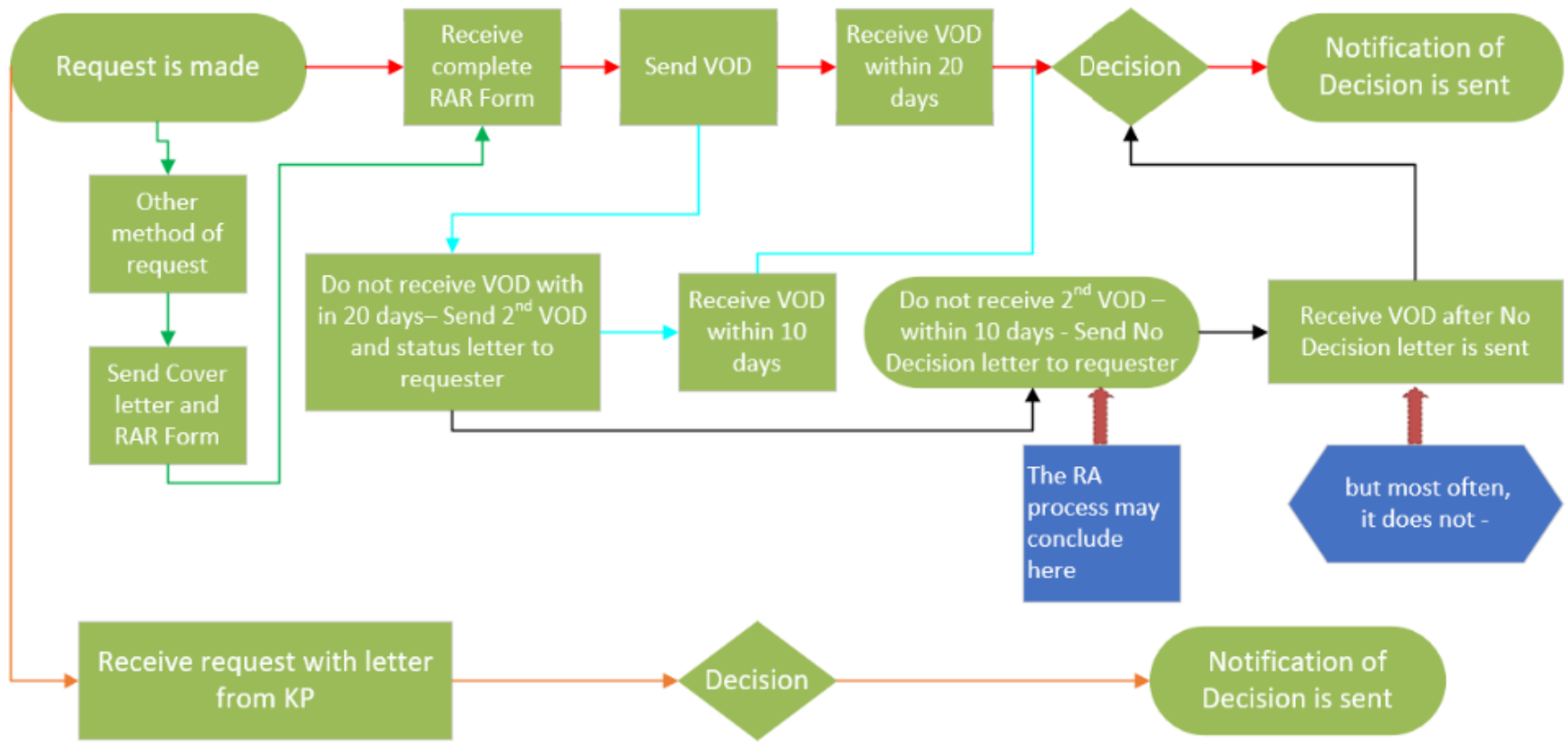
RA is an INTERACTIVE PROCESS

1. A request is made by or on behalf of an individual with disability
 - Housing Authority RAR form, other written method, verbally
2. Verification of disability and **nexus** is obtained
 - ➔ Housing Authority VOD or a letter from the KP
 - ➔ NEXUS = an **identifiable relationship** between the requested accommodation/modification and the individual's disability.
3. Decision is made
 - RA Coordinator or RAC
4. Notification of decision is sent

Reasonable Accommodation Process

2nd most efficient method

Most efficient method



- One additional step to the 2nd most efficient method
- Extends processing time significantly
- Least efficient method but is very common



REQUEST FOR A REASONABLE ACCOMMODATION

Please Print Clearly using DARK ink. No Pastels or light colored inks.

Head of Household Name: _____

1. The following household member, _____, is requesting a reasonable accommodation for their disability.

2. Describe the accommodation you are requesting (tell us specifically what you need):

3. Describe why this accommodation is needed and how it relates to a disability, without stating what your disability is:

4. If you are asking for an extension of time to search for housing, were you issued a Disabled and Medically Vulnerable (DMV) voucher through the 180/220 program or the Housing Services Center (HSC)? Yes No Unknown

5. Do you have a local advocate/caseworker? YES NO

6. What is that person's name: _____

7. What is their phone number: _____

8. List the name of the health care provider, social worker, or other knowledgeable professional who can verify the disability and the need for the accommodation requested. Return this form to the Housing Authority. The Housing Authority may contact this person directly for verification. **If you include contact information that is incomplete or incorrect, this form will be returned to you to complete or correct, which will delay the processing of your request.**

Name: _____ Name of Hospital, Clinic, or Office: _____

Complete, current and accurate mailing address of the person you are asking us to contact: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

You will be informed of the Housing Authority's granting, denial, or status of this request within thirty (30) days of the receipt of this request.

Authorization to Release Information: I authorize the health care provider or social worker listed above to disclose relevant information to the Housing Authority of the County of Santa Cruz regarding the need for a reasonable accommodation. I understand the information the Housing Authority obtains will be kept confidential and used solely to determine if an accommodation should be provided.

Signature of Family Member
requesting accommodation

Printed Name

Date

Please complete and return this form at your earliest convenience. If you have any questions regarding the completion of this form, call our offices at (831) 454-5955 Monday through Thursday, between 8:00 AM - 4:30 PM.

This section for Administrative purposes only

Authorizing
Person's
Initials:

060104 03-20-23 FTH

Keep it simple!

Describe the nexus

Very helpful

KP

Why we ask for this form

Forms on the Housing Authority Website

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[Website](https://hacosantacruz.org/)

<https://hacosantacruz.org/>



The screenshot displays the Housing Authority website header and a navigation menu. The logo features a stylized house and tree above the text "HOUSING AUTHORITY OF THE COUNTY OF SANTA CRUZ". Below the logo, it states "Also Serving The Cities Of Hollister And San Juan Bautista". The main navigation bar includes "Forms", "Waiting Lists", "Programs", "Find Rental Housing", "Owners", and "General". The "Forms" dropdown menu is open, listing the following categories: "All Forms", "Waiting Lists for All Programs", "Participant Forms", "Special Needs Forms" (highlighted in yellow), "Landlord Forms", and "Security Deposit Forms". A secondary list of form types is visible on the right side of the dropdown: "Request for Housing Choice Voucher Tenant to Rent from Relative", "Request for Live-in Aide", "Request for Reasonable Accommodation", and "Signature Authorization".

Forms

Waiting Lists

Programs

Find Rental Housing

Owners

General

All Forms

Waiting Lists for All Programs

Participant Forms

Special Needs Forms

Landlord Forms

Security Deposit Forms

Request for Housing Choice Voucher Tenant to Rent from Relative

Request for Live-in Aide

Request for Reasonable Accommodation

Signature Authorization

VOD – Independent 3rd Party Verification

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- Sent directly to the KP
- KP sends directly back to the Housing Authority
- KP letter may be sufficient
 - Must verify requester has a disability
 - Must clearly state the nexus
- If KP gives VOD to requester and the requester submits to the Housing Authority – RA staff must verify with the KP that the KP completed the VOD and the information provided is accurate
 - This is highly discouraged, but it happens on rare occasions

[Date]

Housing Authority of the County of Santa Cruz
Reasonable Accommodation Coordinator
2160 41st Avenue
Capitola, CA 95010

Re: Reasonable Accommodation/Modification for [Requester's Name]

To Whom It May Concern:

I am writing as a [medical provider, social worker, or knowledgeable professional] in a position to know about [requestor's name]'s disability. [Requestor's name] is an individual with a disability as defined by the Fair Housing Act. Due to [his/her/their] disability, [he/she/they] require(s) the following accommodation or modification: [Examples: live in aid, an extension, reinstatement of voucher, extension to submit required documents or comply with program requirements, etc.].

[Requester's name] disability affects their ability to (identify major life activity, which is affected by the disability): [include clear and inclusive description here]

The request presented above is necessary in connection with their disability.

Your prompt review and written approval of this request is appreciated.

Signed, [Name, Title, & Contact Information]



NEXUS

Decisions are based on 5 factors

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1. Requestor meets the definition of disability.
2. Nexus - identifiable relationship between the requested accommodation or modification and the individual's disability – is justified and verified.
3. Accommodation/modification will allow the person to access accessible, safe, decent, and sanitary housing under a Housing Authority program.
4. Accommodation/modification is reasonable.
5. Accommodation/modification is permitted under HUD's regulations or other applicable program regulations

Common RA Requests

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EXTENSIONS
LIVE IN AIDS
ADDITIONAL BEDROOMS

Extensions

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- 1st request provided as a 90-day Courtesy Extension
 - ✦ All voucher holders – regardless of disability status
 - ✦ Processed by Housing Programs Department – NOT RA
 - ✦ [Housing Choice Voucher Extension Request Form](#)
- 2nd request is processed as RA
 - ✦ For disability related reasons ONLY – lack of available housing is not a disability related reason unless an ADA or ground floor unit is required
 - ✦ Up to 180-days
 - ✦ [Request for Reasonable Accommodation Form](#)
- 3rd request considered if housing has been secured
 - ✦ Find a unit in a “reasonable amount of time”
 - “reasonable amount of time” = immediately – weeks not months
 - ✦ Submit RAR form & Request for Tenancy Approval form



HOUSING CHOICE VOUCHER EXTENSION REQUEST FORM

If you have not been able to locate a suitable unit before your voucher expires, you may request an extension from the Housing Authority. If you wish to receive an extension, you must make the request in writing. **Requests for an extension must be received before the expiration of your voucher, or your voucher transfer deadline. If you do not request an extension by this due date, your participation in the Section 8 Housing Choice Voucher Program will be terminated.**

PLEASE USE THE FORM BELOW TO REQUEST ADDITIONAL TIME TO SEARCH FOR A UNIT.

Name of Head of Household: _____ Tenant ID: _____
Home Address: _____ Mailing Address: _____
Phone Numbers: Home: _____ Work: _____ Cell: _____
Email Address: _____

Please state the reason that you have not been able to locate a suitable unit:

Next steps:

When the Housing Authority receives your Housing Choice Voucher Extension Request Form, we will evaluate your request. Extensions are not granted automatically. If your request is denied, and you have not submitted a Request for Tenancy Approval (RTA) to the Housing Authority by the expiration of your voucher or your voucher transfer deadline, your participation in the Section 8 Housing Choice Voucher Program will be terminated.

If the Housing Authority approves your request, you will receive a written notification of the extension to find suitable housing. However, if an extension is granted, in addition to submitting an RTA on or before the last day of your extension period, your new unit must pass inspection, and your lease must begin within seven (7) calendar days of your extension deadline. Therefore, even if you submit an RTA within the designated timeframe, if the unit is not available for inspection, does not pass inspection, or if any other factors delay the beginning of your lease more than 7 calendar days past your extension period, you will lose your housing assistance and be terminated from the program. Therefore, we strongly urge that you find a unit and submit an RTA as soon as possible.

X _____
Print Head of Household Name Signature of Head of Household Date

Use this form for extension request two weeks prior to voucher expiration date and up to 30 days after voucher expiration date.

Email to info@hacosantacruz.org

Write “courtesy extension” in the subject line

Voucher Search Time

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Initial = 180 days

Courtesy Extension = 90 days

RA Extension = up to 180 days

Total = 450 days



BE AWARE: THESE NUMBERS MAY & DO CHANGE

Live in Aid

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- a person who resides full-time in the home with elderly, near elderly, or persons with disability
 - **HA 2 step approval process** – RA approves the requester to have a LIA and the Housing Programs Department approves the specific LIA.
 - LIA **would not** be living in the unit except to provide the necessary supportive services.
 - LIA is **essential** to the care and well-being of the requester
 - ✦ Including nighttime care
 - LIA is **not obligated** for the support of the requester
 - Rotating or intermittent caregivers **do not qualify**
 - **Income** of the LIA is **excluded** from total household income
 - LIA is added as a household member with a special designation and therefore **has no right** to the voucher
 - LIA must pass a **criminal background** check
 - LIA must be approved by the Landlord to be in the unit – separate from HA

Additional bedroom

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No Sharing - Spouse/Partner/Children

- Medical equipment makes it unsafe/unmanageable to sleep in the same bed/room (CPAP machines do not qualify)
 - If hospital bed or HOYER Lift is required
 - Nurse, LIA, etc. must come into the room at night to provide care
 - Symptoms of disability cause another person to be unsafe
 - Person sharing the room cannot use other area of the home to sleep
- HUD considers other areas of a home suitable for sleeping areas, provided they are in compliance with Housing Quality Standards (HQS).
 - Getting up frequently throughout the night, snoring, etc. may disturb the sleep of the other person in the room but **is not a justification for an additional bedroom.**

We Are Here To Help

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Questions?

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OPEN FOR DISCUSSION

ra@hasantacruz.org

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Thank you for attending!

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