Baltimore County Office of Housing

REASONABLE ACCOMMODATIONS POLICY

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E-mail www.baltimorecountymd.gov
REASONABLE ACCOMMODATIONS GUIDELINES AND POLICY

The following Reasonable Accommodations Policy shall be in effect for assessing requests for reasonable accommodations of housing choice voucher participants, project based voucher participants, and applicants with disabilities\(^1\) in programs administered by Baltimore County Office of Housing (BCOH). The Policy is not intended to be an exhaustive compilation of rules governing assessment by BCOH of requests for reasonable accommodations. If any conflicts exist or arise between this Policy and regulations issued by the U. S. Department of Housing and Urban Development, or future legal requirements, BCOH shall comply with its legal obligations notwithstanding the Policy.

I. General Principles

A. BCOH will assume as an initial matter that the individual requesting a reasonable accommodation is an expert with the respect to his/her disability and the accommodation that may be appropriate in relation to it. BCOH will also assume as an initial matter that the information the person provides regarding his/her needs is accurate and the method proposed for accommodating those needs is the most appropriate one to pursue. BCOH may seek from the person documentation and/or other verification of the effect of the disability on the person and the method(s) proposed to accommodate it. BCOH may offer alternative methods for providing the requested accommodation, however whenever possible, consideration shall be given to the individual’s request.

B. Procedures for evaluating requests for reasonable accommodations and responding to those requests should take place in the context of a cooperative relationship between BCOH and the individual.

C. Reasonable accommodations shall be focused on the individuals and designed to address each person’s situation. Any meetings that must be held concerning an individual’s request for a reasonable accommodation shall be held in a location accessible to the individual.

D. In some cases, non-disabled persons may (incorrectly) perceive reasonable accommodations as conferring a special advantage on persons with disabilities. However, BCOH will not base its decisions on how those decisions will be perceived, but rather on whether the requested accommodation will be effective in

\(^1\) For purposes of his policy, the preferred term “disability” includes within its scope the term “handicap”. 

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BCOH Reasonable Accommodations Policy
w/Forms & Effective Communication Policy
removing barriers that interfere with the ability of the individual with a disability to access, use, and equally enjoy the benefits of the housing program.

II. Notice and Posting

A. A copy of this Reasonable Accommodation Policy shall be posted and available at BCOH’s main business offices.

B. This Policy shall be posted on and available for download on BCOH’s website.

C. BCOH shall include in prominent type and location on all notices and written communications to voucher participants and applicants the following: “If you are a person with a disability you may ask for an accommodation based on your disability. To have assistant in understanding or completing BCOH forms, or to use BCOH service or housing. Contact: Reasonable Accommodation Coordinator at 410-887-3435 or mbmosley@baltimorecountymd.gov.

III. Procedures

A. BCOH has developed and implemented procedures though which individuals may request a reasonable accommodation, as described herein. The process for making such requests is designed to be accessible to all person. All communications that are a part of the process should be in plain language that the individual applicant can understand, in a format that is appropriate to meet the needs of the person with disabilities. Where appropriate, BCOH shall follow its Effective Communication Policy.

B. BCOH employees may ask individuals requesting a reasonable accommodation to complete a Reasonable Accommodation Request Form (attached as Form 1) and when needed a Verification Form (attached as Form 2). Copies of the Reasonable Accommodation Request Form and Verification Form shall be kept at BCOH’s main business offices. BCOH shall also accept verbal and other written requests for accommodations.

C. All request received by BCOH, either written or orally, shall be entered into BCOH’s centralized database for tracking reasonable accommodations requests promptly within recipe of the request. The Reasonable Accommodation Coordinator, or designees, shall be responsible for ensuring that all reasonable accommodation requests received are entered into BCOH’s centralized database and are responded to timely as set forth in this Policy.
D. BCOH shall provide a receipt to every individuals who makes a reasonable accommodation request. Each receipt shall include the time and date the request was made.

E. Individuals may submit reasonable accommodations requests to rental specialists.

F. Requesting for additional documentation to verify a disability shall be made in writing as soon as possible as and no later than 10 (ten) days from the request being received. BCOH may ask individuals to provide verification information on a Verification Form (attached as Form 2). BCOH may verify an individual’s disability only to the extent necessary to insure that the individual has a need for the request accommodation. For example, BCOH will not require that a resident using a wheelchair requesting a wheel-chair accessible unit, produce verification of the applicant’s disability or need for a wheelchair accessible unit. Coversyl, BCOH may request documentation to verify the same resident’s disability related need for an emotional support animal.

G. Decisions on requests for reasonable accommodation shall be made within 10 (ten) days after the date on which the request is complete. A request shall be considered complete when BCOH receives the request and any other information reasonably required by BCOH to evaluate the request, such as verification of any aspects of the request for an accommodation, the individual supply additional information that is reasonably necessary for the BCOH to make a decision on the individuals request information, or otherwise respond to the BCOH’s request within a reasonable time period.

H. Any employees of BCOH may approve a reasonable accommodation request, however, the request must still be documented in accordance with this policy. The Reasonable Accommodation Coordinator is responsible for receiving, reviewing recommending approvals as well as ensuring that approved accommodation is provided. Only the Reasonable Accommodations Coordinator or Executive Director of BCOH may deny a reasonable accommodation request. If BCOH believes that the request is not reasonable, BCOH must engage in an interactive process with the individual to determine if there are alternative suitable accommodations that can be offered.

I. Any denial of a request for reasonable accommodations shall explain to the individual in writing the basis for the decision and the reason(s) why the request is being denied. The individual requesting the accommodation shall also be informed of his or her right to request a grievance in the decision.
J. Any approval of request for reasonable accommodation shall be communicated in writing. It shall describe the accommodation that will be provided and shall indicate the date for implementation, which shall be as soon as practicable and except as explained in the approval notice no later than 10 days from the date of decision. The individual requesting the accommodation shall also be informed that if he or she believes the accommodation approved will not meet his or her needs or will take too long to provide, a grievance may be requested in accordance with BCOH’s grievance policies as set forth in its Administrative Plan.

K. The written decision will be forwarded to the Reasonable Accommodation Coordinator, who will implement the final decision as soon as practicable and as general rule no later than 30 days from receipt of the written decisions, unless he or she advised the applicant in writing of the reason for the delay and provides an estimated implementation date and right to request a grievance.

IV. Assessment of Requesting

A. In determining whether or not to grant a reasonable accommodation, BCOH shall consider the following factors:

1. The individual is a qualified “individual with disability”. A person is an “individual with a disability” if he or she has, or has a record of having, or is regarded as having, physical or mental impairment which sustainably limits one or more of his or her major life activities. However, the current, illegal use of or addiction to a controlled substance along not qualify as disability.

2. The requested accommodation may be necessary to provide an equal opportunity to use and enjoy BCOH’s programs or service.

3. Whether the requested accommodation is “reasonable”. A request for an accommodation shall be considered to be “reasonable “as long as it does not create an undue financial hardship and administrative burden or constitute a fundamental alteration in a housing program.

   a. The determination of whether an accommodation constitutes an undue financial and administrative burden shall be made on a case by case basis.

   b. If granting the requested accommodation would constitute an undue financial and administrative burden, BCOH shall propose any other action that will not result in or require an alteration or burden.

   c. If granting the requested accommodation would constitute a fundamental alteration in the housing program, BCOH may deny the request. For example, BCOH may refuse to walk a resident’s service dog as doing so is
a fundamental alteration of its programs and services, whereas permitting the resident to have a service dog would not be a fundamental alteration.

d. BCOH should consider providing the accommodation requested by the individual as the accommodation most likely to address the individual’s need. If there are a number of different accommodations that would satisfy the needs of the person with the disability, BCOH may select the option which is most convenient and cost effective, provided the option provides an equally effective alternative to the requested accommodation.

B. The verification source shall be a person with appropriate credentials and current knowledge of the participant’s or applicant’s disability who is able to make an informed judgment based on that knowledge. If the participant or applicant is unable to provide such a verification source Reasonable Accommodation Coordinator shall discuss alternative sources available to evaluate the participant’s or applicant’s needs.

C. BCOH will not deny a request for reasonable accommodation based on a lack of sufficient information without first informing the individual requesting the accommodation of its need for additional information and affording the individual a reasonable opportunity to provide it.

D. If a requested accommodation is unlikely to provide the disabled individual with an equal opportunity to use and enjoy the housing, the BCOH need not grant that accommodation.

E. If the individual’s requested accommodation would, based on objective evidence, pose a direct threat to the health or safety of others or result in substantial physical damage to the property of others, the BCOH need not grant the accommodation.

V. Communications with Disabled Applicants or Residents

A. When auxiliary aids or services are necessary to provide effective communications BCOH shall follow its Effective Communication Policy.

VI. Third Party Representatives

A. An individual with a disability who makes a reasonable accommodation request may authorize a third party representative to act on his or her behalf in dealing with the BCOH.

B. Upon presentation of appropriate authorization, a third party representative may request a reasonable accommodation request on behalf of a person with a disability.
VII.  BCOH Reasonable Accommodation Coordinator

A.  BCOH shall notify all voucher participants, and applicants upon an initial and continuing basis that there is a Reasonable Accommodation Coordinator and shall identify the Department, address and the telephone number (including TDD number). Methods of notification may include periodic posting of notices, distribution of written communications, and statements made in general information or resident publications. Notice shall be made available in available in accessible formats for persons with disabilities.

B.  The Reasonable Accommodation Coordinator shall be responsible for overseeing the implementation and operation of the BCOH’s reasonable accommodations policies, and for coordinating all BCOH efforts to comply with the various provisions of federal, state and local law governing reasonable accommodation in housing. Where the coordinator believes that certain corrective action is necessary, he or she shall directly advise the BCOH official involved or if deemed appropriate shall make a recommendation to the Executive Director who will in turn take appropriate action. The Coordinator shall be available to BCOH applicants and voucher participant as well as staff to answer questions and to deal with issues regarding reasonable accommodation requests.

C.  The Reasonable Accommodation Coordinator may receive complaints or other reports of non-compliance with the reasonable accommodations policies from BCOH voucher participant, applicant, management staff, or interested persons outside the BCOH and shall investigate such complaints promptly. Following such investigation, the Coordinator shall report his or her finding and any remedial action determined to be necessary to the Executive Directors, who has the authority to take remedial or other action. This procedure shall be independent of the appeal procedures set forth in the reasonable accommodations policy for BCOH voucher or project based participants or applicants who have requested reasonable accommodation for disability and have been denied.

D.  The Reasonable Accommodation Coordinator shall be responsible for ensuring that all BCOH employees and staff are trained on this policy and all applicable federal state and local requirements regarding reasonable accommodations.

VIII.  Confidentiality

A.  BCOH shall, consistent with the applicable laws, develop procedures for keeping information related to an individual’s disability confidential and available only to
person with BCOH who are directly involved in decisions regarding the request for reasonable accommodation, and other authorized parties.

B. All decisions made by the BCOH on a reasonable accommodation request shall be kept confidential except insofar as disclosure is necessary to implement an approved accommodation or to comply with the review and appeal procedures set forth herein.

C. Federal, state, and local civil rights enforcement agencies shall be provided with such information and documents as is authorized by law.

D. Individuals requesting a reasonable accommodation based on disability shall, upon request to BCOH, be entitled to access all documents in their BCOH files which relate to their reasonable accommodation request, in accordance with the applicable law. In addition, authorized third party representative shall be provided access to such documents upon written request of an individual with a disability.

E. The BCOH shall keep written records in participant or applicant files of its decisions to grant or deny any request for reasonable accommodation for a period of no less than three (3) years from the date of the request.

IX. Non-Retaliation

A. BCOH shall not discriminate or take any retaliatory action against a person who has requested a reasonable accommodation on the basis of a disability, or who has assisted or encouraged any other person to request such an accommodation.

B. BCOH shall not discriminate or take any retaliatory action against a person who has exercised his or her right of appeal or filed an administrative agency complaint or sought judicial review on a reasonable accommodation request, or who has assisted or encouraged another person to do so, or who has assisted in the investigation of a reasonable accommodation claim.

X. Tracking & Recordkeeping

A. The Reasonable Accommodation Coordinator shall maintain a record of how and when the notices required by this section are provided to applicants and voucher participants.

B. Copies of all reasonable accommodation request and BCOH’s response shall be kept for the duration of 3 years.
C. The Reasonable Accommodation Coordinator will maintain a centralized database for tracking reasonable accommodations requests which will include the date the request was made; the date a response was provided to the individual from BCOH; the response and the rationale for BCOH’s response; the date the accommodation is scheduled to be provided; any extension made in the provision of the accommodation; and the identification of the individual requesting or receiving the accommodation.

D. BCOH shall maintain copies of information required by paragraph VIII (E) in the individual file of any applicant or voucher participant requesting reasonable accommodation. Copies of the following documents shall also be kept in such file: the Request(s) for Reasonable Accommodation; the Denial or Approval Notice(s); any final decision following an informal hearing any settlement agreements; any decision(s) of the Grievance Officer or BCOH Board of Commissioner; any decision(s) of an administrative agency or a court; documentation that an approved accommodation has been implemented; and all correspondence between the applicant or participant and the BCOH, and between the BCOH and verification sources concerning the reasonable accommodation request.

XI. Grievances

A. If the requesting individual with a disability is not satisfied with BCOH’s response to the individuals request for a reasonable accommodation, the individual may request a Grievance in accordance with BCOH’s Administrative Plan and the procedures set forth therein.
Form 1
Reasonable Accommodations Request Form
REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

This form may be used to request that the Baltimore County Office of Housing (BCOH) provide a reasonable accommodation to you or any members of your household who has a disability so that you or a member of your household may utilize your residence, or any of BCOH’s facilities, programs or services.

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form.

Note:  1. If you cannot fill out this form yourself, you may have someone assist you.

2. You may also make the request orally to the BCOH staff member you are working with or with the Reasonable Accommodation Coordinator, Michelle Brown-Mosley, who will help you complete this form.

PLEASE KEEP COPIES OF ALL DOCUMENTS YOU SUBMIT TO BCOH

You must date and sign your name at the bottom of this form and return it to the BCOH staff working with you. 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 the BCOH staff for assistance.

If, BCOH does not require any additional information, you will receive a written response within 10 working days of submitting this request. If BCOH needs additional information, you will hear from BCOH in writing within the next 10 working days.

_____________________________________            ____________________________________
Date of Request                                                          Social Security Number

_____________________________________          _____________________________________
Name of Applicant/Participant                                   Telephone Number

_____________________________________        ______________________________________
Address                                                                   City/State/Zip

Current Size Unit: ____0 BR ____ 1 BR ____ 2 BR ____3 BR ____ 4 BR ____ 5 BR
**Requester Status:**

___Current Participant (tenant or project-based) ___ Applicant ___ Other

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

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. It may be helpful for BCOH to receive verification or a letter from your doctor, social service agency, disability agency, clinic or other provider to better understand your needs. Please feel free to use BCOH’s verification form, which can be obtained from BCOH’s website, or BCOH’s business office located at 6401 York Road, First Floor, Baltimore, Maryland 21212.

5. If you need a different unit or modification to your unit because of your disability, BCOH will work with you to determine how to fulfill your reasonable accommodation request. Examples of accommodations can include:

   - Modifications made to your current unit or modification funds (where available):
   - Being placed on a waiting list to move to a unit that better meets your needs;
   - Being issued a housing choice voucher to locate housing that suits your needs.

Name: ___________________________________ Date: _______________________________

(Print Name)

Signature: ___________________________________________________

Did BCOH staff fill out this form out as a written record of the request? Yes ___ No___

Did the staff person read it back to the requester to make sure it is accurate? Yes ___ No ___

Name: ___________________________________ Date: _______________________________

(Print Name)

BCOH Signature: ______________________________________________
Form 2
Reasonable Accommodations Verification Form
REASONABLE ACCOMMODATIONS VERIFICATION FORM

Baltimore County Office of Housing (BCOH) provides reasonable accommodations to individuals with disabilities who have a disability related need for the accommodation. A reasonable accommodation is an exception made to the usual rules or policies that may be necessary because of a disability for the participant. Examples may include: receiving information in Braille or electronically; providing interpreter services; modifying a housing unit (e.g. grab bars, raised toilet); transferring to another unit; live-in aide.

The individual identified below has authorized you to provide verification in support of their request. Please complete the information in Part B below. Thank you for your assistance in completing this form.

The information obtained will be kept confidential and used solely by BCOH to determine the need for an accommodation.

Part A. Name of Participant (print): _________________________________________________

Please describe your request for Reasonable Accommodation below:
______________________________________________________________________________
______________________________________________________________________________

Signature of Participant: __________________________________________________________

This signature authorizes the verifier to provide answers to the questions below to the best of his/her knowledge.

Part B. 1. In my opinion, the individual has a disability as defined below. [ ] YES [ ] NO
   A) ___ A physical or mental impairment that substantially limits one or more major life activities;
   B) ___ A record of having such an impairment, or;
   C) ___ Is regarded as having such an impairment.

2. I verify that this request is directly related to the individual’s disability and may be necessary to access housing services, maintain housing or fully use or enjoy their housing. I recommend that the request for accommodation as described above be approved. [ ] YES [ ] NO

3. Describe how this accommodation will enable the individual to have the opportunity to access housing, maintain housing or fully use/enjoy housing.
______________________________________________________________________________
______________________________________________________________________________

___________________________________              ____________________________________
Name & Position of Verifier (Please Print)                Date

_____________________________________           ____________________________________
Signature of Verifier                                                   Telephone Number

______________________________________________________________________________
Address
Baltimore County Office of Housing

EFFECTIVE COMMUNICATION POLICY
EFFECTIVE COMMUNICATION POLICY

The Baltimore County Office of Housing (BCOH) administers its assisted housing programs in a non-discriminatory manner. BCOH employees shall furnish appropriate auxiliary aids and services to afford applicant or participants with disabilities an equal opportunity to participate in, and enjoy the benefits of BCOH’s programs and series upon request or is self-evident. The provision of auxiliary aids and services shall be provided at no charge to the applicant or participant. BCOH strives to provide aides and services in a manner that protects the privacy and independence of the individual with a disability. All notifications, including approvals or denials of requests for effective communication reference in this policy, will be provided in an alternate format, upon request.

AUXILIARY AIDS AND SERVICES

Auxiliary aids and services enable persons with disabilities to have an equal opportunity to participate and enjoy the benefits of program or activities conducted by BCOH. For example, auxiliary aids useful for persons who are deaf or hard of hearing may include handset amplifiers; video remote interpreting, real time computer aided transcription service, telephone compatible with hearing aids; telecommunications devices for deaf persons (TDD’s); qualified sign language interpreters; note takers; written material and other similar services and devices. Auxiliary aids and services for persons who are blind or have low vision may include qualified readers; tape texts; audio recording; Brailled materials; screen reader accessible material, magnification software; large print material; or accessible electronic information.

PROVISION OF AUXILIARY AIDS AND SERVICES

1. When an auxiliary aid or service is required to ensure effective communication, BCOH will provide an opportunity for an individual with disabilities to request the auxiliary aid or service of his or her choice. BCOH will give primary consideration to the choice expressed by the individual. “Primary consideration” means that BCOH will honor the choice unless it can show that another equally effective means of communication is available, or that use of the means chosen would result in a fundamental alteration in the nature of its service, program, or activity or an undue financial and administrative burden.

2. All requests for auxiliary aids and services must be made and received by BCOH’s Reasonable Accommodations Coordinator within a reasonable amount of time prior to the date the service is needed. If an emergency circumstances an auxiliary aid or service is needed less than two weeks prior to the date the service is needed, BCOH will take reasonable steps to secure the auxiliary aid or service.

3. The individual with a disability, or a BCOH employee on behalf of the individual, will submit a request for auxiliary aids or services to BCOH’s Reasonable Accommodations Coordinator by delivering it to the address or Email listed below. All requests shall be dated and time-stamped upon receipt.
4. Upon receipt of the request, the Reasonable Accommodation Coordinator or designee will grant the requested aid or service, or will consult with the individual with a disability to further assess and determine the appropriate auxiliary aid or service to be provided. Consideration shall be given to relevant facts and circumstances including the individual’s communications skills and the nature and complexity of the communications at issue and giving primary consideration to use communication preferences of the individual with the disability. Within 10 business days of the receipt of the request, and as soon as circumstances warrant, the Reasonable Accommodation Coordinator will provide the requesting individual with a written notification of the proposed auxiliary aid or service to be provided. The notification shall inform the individual of the right to a grievance hearing and hearing procedures.

5. Provision of needed auxiliary aids and services shall be provided with three (3) days of the determination, or at the scheduled time of the event for which the aid or service is needed. However, if an extension of time in provision of the aid or service is reasonably requested by either the individual requiring the service or BCOH, and such extension is agreed to by both BCOH and the individual, the provision of the service or aid may be reasonably delayed provided that the delay does not significantly affect the individual’s rights or benefits and further provided that the extension is documented and included in the individual’s file and in the report and tracking process set forth in Paragraph D.2.

D. TRACKING AND RECORD KEEPING

1. The Reasonable Accommodation Coordinator will maintain copies of all requests for effective communication and BCOH’s response, for the duration of three (3) years.

2. The Reasonable Accommodation Coordinator shall maintain reporting and tracking system which will include the request made by an individual and the date the request was made; the date a response was provided to the individual from BCOH, the response and rationale for the response; the date the auxiliary aid or service was provided, any extension made in the provision of the aid or service; and the identification of the individual requesting or receiving the auxiliary aid or service. The reporting and tracking shall be kept in an electronic format.

3. Copies of information required in Paragraph D.2 above shall also be kept in the individual files of Participant or Applicant families.

4. BCOH will keep confidential all information and records containing personal identifying information related to an individual’s disability and will release such information in accordance with law.
E. PROCEDURES

1. Notice

a. BCOH will maintain postings that inform applicants and participant families to contact the. Reasonable Accommodation Coordinator if auxiliary aids or services are needed for effective communications. This notice will advise that various auxiliary aids and services are available free of charge as needed, and will provide example of such services to include interpreters. These notices will contain the American Sign Language pictogram for sign language interpreter. Such notices shall be posted prominently in BCOH’s office.

b. BCOH letterhead will contain the TDD/TDD telephone numbers.

c. When it is self-evident that an individual is deaf or hard of hearing and cannot communicate without auxiliary aids or services, BCOH must engage that individual to determine what aids or services are required to effectively communicate.

2. Public Events

Individuals with disabilities who request auxiliary aids or services for public events such as public hearings, Board meetings, public meetings, etc., must make their requests one week prior to the event whenever possible. BCOH shall make good faith efforts to respond to requests made less than one week prior to a public event, however it may not be able to secure such services. The Reasonable Accommodation Coordinator will document the efforts made to accommodate the request, including any attempts to schedule an interpreter.

3. Continuing Duty to Communicate

a. Between the time that BCOH i) recognizes that an auxiliary aid is needed, or ii) receives a request for auxiliary aids or services; and the time that BCOH provides any needed aid or service, BCOH may continue to try to communicate with the individual with a disability. However, BCOH shall not require an individual to bring another person to interpret and may only rely on a person accompanying an individual who is deaf or hard of hearing to interpret or facilitate conversation in an emergency and where there is not an interpreter available.

b. BCOH will continue to assess the communication effectiveness of any auxiliary aids or services provided and will alter services as needed to ensure effective communications.

F. GRIEVANCE PROCEDURES

1. Any adverse decision regarding a request for auxiliary aids or services or other methods of effective communication under this policy request is subject to BCOH’s grievance policy in its Administrative Plan.