ARE YOU A PERSON WITH A DISABILITY?

DO YOU NEED A REASONABLE ACCOMMODATION OR REASONABLE MODIFICATION?

The Cuyahoga Metropolitan Housing Authority (CMHA) is committed to making its housing and programs fully accessible to persons with disabilities. For a disabled applicant, guest, participant, or tenant, CMHA has an obligation to make reasonable accommodations and modifications.

A **reasonable accommodation** is an exception or change that a housing provider makes to rules, policies, services, practices or regulations that will assist a resident or applicant with a disability in taking advantage of a housing program or dwelling.

A **reasonable modification** is a change to the physical premises allowing a person with a disability to overcome physical obstacles that interfere with his/her use of the dwelling or common areas.

The accommodation or modification must be necessary for the individual with the disability to fully use and enjoy their home or to participate in programs/services offered to other residents.

Reasonable accommodations can include, but are not limited to:

- A change in the rules or policies or how CMHA does things that would make it easier for you to live in your home
- Permitting a guide dog for a household in CMHA housing where pets are not allowed. (Service or assistance animals are not subject to pet deposits or "pet rent")
- · Permitting an outside agency to assist a resident with a disability to meet the terms of the lease
- Permitting an animal assistant for someone with a mental disability, for therapeutic or companionship needs.(Service or assistance animals are not subject to pet deposits of "pet rent")
- Permitting an aide to live with a resident who needs 24 hour assistance
- A change in the way CMHA communicates with or gives information, such as increasing the font size of typed documents to a person with a visual impairment

Reasonable modifications can include, but are not limited to:

- A structural change or repair in your apartment or another part of the apartment complex that would make it easier for you to live in the dwelling
- Altering your apartment so that the unit can be accessed and used by a person in a wheelchair by for example, lowering kitchen cabinets
- Modifying a walkway to provide access to a public or common use area
- Providing a peephole to an apartment door so that a tenant with a hearing disability can see who is at the door before opening it.

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More Information about Reasonable Accommodations and Reasonable Modifications

CMHA must grant all requests for reasonable accommodations or modifications that are needed as a result of a disability if the request is not unduly burdensome or a fundamental alteration of the housing program. If a request is denied, you have the right to know the reasons in writing. CMHA also has appeal procedures if your request is denied.

The request for an accommodation or modification must be related to limitations arising from a disability in order for the household to qualify for a reasonable accommodation or modification. That is, there must be a link between your disability and the accommodation or modification you are requesting or CMHA can deny your request. **IMPORTANT:** If the disability is readily apparent or known, for example a person uses a wheelchair, the reasonable accommodation or modification can be made without completing forms.

A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Most serious medically-treated conditions are considered to be a disability.

A resident with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to care for the apartment, to report required information to the manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance. The housing provider is required by law to keep all information about the disability confidential.

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Reasonable Accommodation and Reasonable Modification Process

Using the attached forms will help you describe the request so CMHA can follow-up with you. The attached forms include:

- 1. Request for a Reasonable Accommodation. This form clarifies and documents your request for changes in policies, procedures, services, and rules. (For you to complete)
- 2. Request for a Reasonable Modification. This form verifies and documents your request for physical alterations needed in your apartment and/or common areas. (For you to complete)
- 3. Verification Form. If your disability is not obvious or already known to CMHA, you will need to verify your disability. You will be asked to provide contact information to CMHA for a knowledgeable professional who can verify your disability. In most cases, detailed medical information is not required. (For you to complete)

What happens after your request is received?

- 1. CMHA will mail you a letter acknowledging that you have asked for an accommodation or modification.
- 2. The person identified as the knowledgeable professional will be contacted to verify the connection between the disability and the requested accommodation or modification.
- 3. You will be contacted if additional information is needed in order to process the request. If your contact information changes, please let CMHA know.
- 4. CMHA's Reasonable Accommodation Committee will meet to discuss your request, a determination will be reached, and the results will be mailed to you.
- 5. If your request is approved, CMHA staff will keep you notified of a projected timeline and the next steps in the process.
- **6.** If your request is denied, you have the right to appeal for reconsideration.

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Phone: 216-271-2996

Fax: 216-271-4103 Email: ra@cmha.net

Do You Have Questions about Reasonable Accommodations?

Contact the Section 504/ADA Team if you:

- Have questions about the reasonable accommodation process.
- Want to request a reasonable accommodation.



Phone: 216-271-2996

Fax: 216-271-4103

E-mail: ra@cmha.net

Cuyahoga Metropolitan Housing Authority ATTN: Section 504/ADA Team 8120 Kinsman Road Cleveland, Ohio 44104



Reasonable Accommodation Application

The Reasonable Accommodation Application is provided to those who request a Reasonable Accommodation. A "reasonable accommodation" is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces. Since rules, policies, practices, and services may have a different effect on persons with disabilities than on other persons, treating persons with disabilities exactly the same as others will sometimes deny them an equal opportunity to use and enjoy a dwelling. The Reasonable Accommodation process applies to most, but not all, housing programs of the Cuyahoga Metropolitan Housing Authority (CMHA).

These forms are also available on the CMHA website, www.cmha.net, the Housing Choice Voucher Program (HCVP) portal at https://www.cmha.net/apportal/index.aspx, in property management offices, and at the CMHA Administrative Offices located at 8120 Kinsman Road, Cleveland, Ohio 44104.

Please return your completed application by one of the following methods:

- Return them to the Management Office for your Property
- Mail to Cuyahoga Metropolitan Housing Authority, ATTN: Section 504/ADA Coordinator, 8120 Kinsman Road, Cleveland, Ohio 44104
- Email to ra@cmha.net
- Fax to 216-271-4103

Examples of Accommodations

These examples are informational and are not intended to limit in any way what a disabled person may request as a Reasonable Accommodation.

Additional Bedroom: A bedroom in addition to what the family would receive based upon occupancy standards. For Applicants/Residents in Low Income Public Housing it means where a person's disability requires more than an efficiency unit or where a person with a disability is unable to share a bedroom with another family member.

Additional space for medical apparatus/equipment: In addition to what the family would receive based on occupancy standards, a member of the household with a disability needs additional space to store durable medical equipment.

Assistance animal: Any animal that aids a person with a disability. Specific examples include an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals perform many disability-related functions, including but not limited to, guiding individuals who are blind or have low vision, alerting



individuals who are deaf or hard of hearing to sounds, providing protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support. The owner of the assistance animal is responsible for any damage caused by the animal.

Bedroom and bath on the first floor: A unit which may have multi-levels but has at least one bedroom and bath on the first floor. This option is available to a family of two or more persons who need a bed and bath on the first floor as a Reasonable Accommodation.

Exception to payment standard: The Housing Choice Voucher Program may increase the payment standard to accommodate a family that includes a person with disabilities. CMHA must perform a rent reasonableness analysis and maintain documentation that the unit has features required to meet the need of the disabled person.

Fully-accessible unit: A one-level unit which is fully accessible to a person in a wheelchair or to a person with substantial mobility impairment. Features of the unit include wider doors and hallways, lower cabinets/sinks, and accessible closets. These units are typically located on the ground floor of a family property or on any floor of a high rise building.

Home visits: Provides an exception to the requirement that a family travel to CMHA's Administrative/Management Offices for admission, interim, and annual reexamination appointments as well as movers sessions.

Live-in Aide: A person who resides with a person with a disability in the same unit in order to care for the person. The identity of the Live-in aide must be made known at the time the application is submitted. In addition, the following requirements must be met:

- Must be essential to the care and well-being of the person;
- Must maintain their primary residence in the subsidized unit of the person whose disability requires the presence of the aide;
- Cannot be obligated for the financial support of the person with a disability;
- Would not live in the unit other than to provide the necessary supportive services;
- Is capable of serving as a Live-in Aide (possesses a level of experience capable of rendering the duties reasonably expected for providing the personal care needed to the disabled household member);
- Must be at least 18 years of age;
- Cannot be a current member of the household; and
- Is subject to screening for criminal activity or any other conduct that would otherwise bar the person from admission to CMHA's programs.



One-level unit: The entire unit is on one flat surface with NO stairs. These units are typically found in a high rise, however a handful of units are located in family properties. All bedrooms and bathrooms are on one-level.

Person with a Disability:

- Individual with a physical or mental impairment that substantially limits one or more major life activities;
- An individual who is regarded as having such an impairment; or
- An individual with a record of such an impairment.



REASONABLE ACCOMMODATION REQUEST to the Cuyahoga Metropolitan Housing Authority

If you or a member of your household has a disability and feels that there is a need for a reasonable accommodation so the person may have equal use and access to the community, please complete this form, and give it to the staff member you are working with. If you cannot fill out this form yourself, you may have someone assist you. You may also make the request orally to the staff member you are working with or by calling the Section 504/ADA Coordinator at 216.271.2996.

If you believe that the request you are making is an emergency where you cannot wait ten (10) working days for a response, please inform the staff member that you are working with.

Keep copies of all documents that you submit as part of your request.

Name of Head of Household,
Participant, or Applicant:

Date:

Name of person with disability:

Relationship to Head of Household,
Participant, or Applicant:

Phone Number:

Address:

Please describe the reasonable accommodation you are requesting. I am requesting the following change or changes in a policy, procedure, rule, service or regulation so that my household members or I can live here as easily as others and enjoy and participate equally in housing:

Please explain why this reasonable accommodation is needed. I need the reasonable accommodation because: (You do not need to provide detailed information about the nature or severity of the disability)
If you are working with a company, organization, or individual that might be able to help or advise CMHA on the accommodation request, please provide the following information: Name:
Address:
Phone Number:
Signature of Head of Household, Participant, or Applicant:
Date:

Please also complete the Authorization for Information so CMHA may verify that the individual named in the application is a person with a disability and the requested accommodation is related to the disability.



AUTHORIZATION FOR INFORMATION

By my signature below, I authorize the Cuyahoga Metropolitan Housing Authority to verify that the individual named in the application is a person with a disability and the requested accommodation is related to the disability. If needed, I authorize my knowledgeable professional to discuss this request with the Authority's Section 504/ADA Coordinator or their designee. Please do not provide information regarding the nature or extent of the disability. This authorization does not authorize the Cuyahoga Metropolitan Housing Authority to examine my medical records, including diagnosis or test result(s), nor does this authorize the release of detailed information about the nature or severity of my disability.

Name of Knowledgeable Professional:	
Field of Practice/Specialty/Discipline:	
Name of Agency/Clinic/Facility:	
Address:	
(include city and zip code)	
Phone No.:	Fax No.:
Name of patient (household member)	
to make an evaluation and determination of this	MHA will be kept confidential and be used solely request for reasonable accommodation(s). The less required to make or assess a decision to uest.
Signature of Applicant Date	
If the household member needing the accommon parent or guardian? ☐ Yes ☐ No	odation(s) is under 18 years of age, are you their
Signature of Parent or Guardian	Date

(Please complete by signing the appropriate line)

Jeffery K. Patterson, Chief Executive Officer, Cuyahoga Metropolitan Housing Authority



Reasonable Modification Application

The Reasonable Modification Application is provided to applicants, participants and residents who request a Reasonable Modification. A "reasonable modification" is a structural change made to existing premises, occupied or to be occupied by a person with a disability, in order to afford such person full enjoyment of the premises. Reasonable modifications can include structural changes to interiors and exteriors of dwellings and to common and public use areas. A request for a reasonable modification may be made at any time during the tenancy. The Reasonable Modification process applies to most, but not all, housing programs of the Cuyahoga Metropolitan Housing Authority (CMHA).

These forms are also available on the CMHA website, www.cmha.net, in property management offices, and at the CMHA Administrative Offices located at 8120 Kinsman Road, Cleveland, Ohio 44104.

Please return completed forms by one of the following methods:

- Return them to the Management Office at your Property
- Mail to Cuyahoga Metropolitan Housing Authority, ATTN: Section 504/ADA Coordinator, 8120 Kinsman Road, Cleveland, Ohio 44104
- Email to ra@cmha.net
- Fax to 216-271-4103

Examples of Modifications

These examples are informational and are not intended to limit in any way what a disabled person may request as a Reasonable Modification.

Audio equipment: Devices which are designed to assist a person with a hearing impairment.

Exterior handrails: Handrails added along steps which lead into the building.

Exterior ramp: Ramp at the entrance of the apartment and/or building.

Grab bars: Safety devices which enable a person to maintain balance, lessen fatigue while standing, or hold their weight while maneuvering. For example, they may be installed next to a toilet, in a shower, or in a bath enclosure.



Special unit features for Applicants/Residents in Public Housing: CMHA may make minor modifications to a resident's unit and common areas when the modifications are medically necessary. Modifications include, but are not limited to, grab bars in bathroom, exterior ramp, and handrails. CMHA will NOT provide raised toilet seats, hand-held shower heads, shower seats, or portable air-conditioning units as these are durable medical equipment.

Person with a Disability:

- Individual with a physical or mental impairment that substantially limits one or more major life activities;
- An individual who is regarded as having such an impairment; or
- An individual with a record of such an impairment.

Visual aids: Devices which are designed to assist a person with sight impairment.



housing:

REASONABLE MODIFICATION REQUEST to the Cuyahoga Metropolitan Housing Authority

If you or a member of your household has a disability and feels that there is a need for a reasonable modification so the person may have equal use and access to the community, please complete this form, and give it to the staff member you are working with. If you cannot fill out this form yourself, you may have someone assist you. You may also make the request orally to the staff member you are working with or by calling the Section 504/ADA Coordinator at 216.271.2996.

If you believe that the request you are making is an emergency where you cannot wait ten (10) working days for a response, please inform the staff member that you are working with.

Keep copies of all documents that you submit with your request.

Name of Head of Household,
Participant, or Applicant:

Date:

Name of person with disability:

Relationship to Head of Household,
Participant, or Applicant:

Phone Number:

Address:

Please describe the reasonable modification that you are requesting. I am requesting the following structural change to existing premises so that my household

Jeffery K. Patterson, Chief Executive Officer, Cuyahoga Metropolitan Housing Authority

members or I can live here as easily as others and enjoy and participate equally in



	y this reasonable modification is needed. I need this reasonable se: (You do not need to provide detailed information about the nature sability)
	vith a company, organization, or individual that might be able to help the modification request, please provide the following information:
Address:	
Phone Number:	
Signature of Head o Participant, or Appli	
Date:	

Please also complete the Authorization for Information so CMHA may verify that the individual named in the application is a person with a disability and the requested modification is related to the disability.



AUTHORIZATION FOR INFORMATION

By my signature below, I authorize the Cuyahoga Metropolitan Housing Authority to verify that the individual named in the application is a person with a disability and the requested accommodation is related to the disability. If needed, I authorize my knowledgeable professional to discuss this request with the Authority's Section 504/ADA Coordinator or their designee. Please do not provide information regarding the nature or extent of the disability. This authorization does not authorize the Cuyahoga Metropolitan Housing Authority to examine my medical records, including diagnosis or test result(s), nor does this authorize the release of detailed information about the nature or severity of my disability.

Name of Knowledgeable Professional:			
Field of Practice/Specialty/Discipline:			
Name of Agency/Clinic/Facility:			
Address:			
(include city and zip code)			
Phone No.: Fa	x No.:		
Name of patient (household member)	Date of Birth		
I understand that the information obtained by CMH to make an evaluation and determination of this reinformation will not be shared with anyone unles grant or deny a reasonable accommodation reques	quest for reasonable accommodation(s). The s required to make or assess a decision to		
Signature of Applicant Date			
If the household member needing the accommoda parent or guardian?	tion(s) is under 18 years of age, are you their		
Signature of Parent or Guardian	Date		
(please complete by signing the appropriate line)			