

FERNDALE HOUSING COMMISSION  
REASONABLE ACCOMMODATION POLICY AND PROCUDURES

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**POLICY STATEMENT**

Ferndale Housing Commission (hereafter referred to as FHC) is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability in connection with the operations of FHC's programs, services, and activities. Therefore, if an individual with a disability requires an accommodation such as an accessible feature or modification to a FHC policy, FHC will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program; or an undue financial and administrative burden. In such a case, the FHC will offer another accommodation that would not result in a financial or administrative burden.

A reasonable accommodation is a change, modification, alteration, or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

FHC will post a copy of this Reasonable Accommodation Policy and Procedures in the Central Administrative Office located at 415 Withington, Ferndale, MI 48220. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request from the FHC's Section 504/ADA Coordinator (hereafter referred to as coordinator).

**LEGAL AUTHORITY**

The FHC is subject to Federal civil rights laws and regulations. This Reasonable Accommodation Policy is based on the following statutes or regulations. *See* Section 504 of the Rehabilitation Act of 1973 (Section 504); Title II of the Americans with Disabilities Act of 1990 (ADA); the Fair Housing Act of 1968, as amended (Fair Housing Act)' the Architectural Barriers Act of 1968, and the respective implementing regulations for each Act.

**MONITORING AND ENFORCEMENT**

The Coordinator is responsible for monitoring FHC's compliance with this Policy. Individuals who have questions regarding this Policy, its interpretation or implementation should contact FHC's Section 504/ADA Coordinator in writing, by telephone, or by appointment, as follows:

**Deborah E. Wilson  
415 Withington  
Ferndale, MI 48220  
248-547-9500 extension 101**

## **STAFF TRAINING**

The Coordinator will ensure that all appropriate FHC staff receive regular training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, State, and local requirements regarding reasonable accommodation.

## **REASONABLE ACCOMMODATION**

A person with a disability may request a reasonable accommodation at any time during the final application process, residency in public housing, or participation in the Housing Choice Voucher Program of the FHC. The individual or any person identified by the individual, including FHC staff, must reduce all requests to writing.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the nature of the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

## **APPLICATION OF REASONABLE ACCOMMODATION POLICY**

The Reasonable Accommodation Policy applies to individuals with disabilities in the following programs provided by the FHC:

- (a) Applicants of Public Housing;
- (b) Applicants of Housing Choice Vouchers;
- (c) Residents of Public Housing Developments;
- (d) Participants of Housing Choice Vouchers; and
- (e) Participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the FHC, its agents or contractors including all non-housing facilities and common areas owned or operated by the FHC.

## **PERSON WITH A DISABILITY**

A person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. As used in this definition, the phrase “physical or mental impairment” includes:

- (a) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or
- (b) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes , but is

not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairment, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, and emotional illness.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, and learning.

The definition of disability does not include any individual who is an alcoholic or illegal drug abuser whose current use of alcohol or illegal drugs prevents the individual from participating in the public housing program or activities; or whose participation, by reason of such current alcohol or illegal drug abuse, would constitute a direct threat to property or the safety of others.

### **EXAMPLES OF REASONABLE ACCOMMODATIONS**

Examples of reasonable accommodations may include, but are not limited to:

- (a) Making a unit, part of a unit or public and common use element accessible for the head of household or a household member with a disability who is on the lease;
- (b) Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- (c) Allowing a live-in aid to reside in an appropriately sized FHC unit;
- (d) Transferring a resident to a larger size unit to provide a separate bedroom for a person with a disability;
- (e) Transferring a resident to a unit on a lower level or a unit that is completely one level;
- (f) Making document available in large type, computer disc or Braille;
- (g) Providing qualified sign language interpreters for applicant or resident meetings with the FHC staff; or at resident meetings;
- (h) Installing strobe type flashing lights and other such equipment for a family member with a hearing impairment;
- (i) Permitting an outside agency or family member to assist a resident or an applicant in meeting screening criteria or meeting essential lease obligations;
- (j) Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family; and
- (k) As a reasonable accommodation for a family member with a disability, approving a request for exception payment standard amounts under the Housing Choice Voucher Program in accordance with 24 C.F.R. part 8.28 and 982.504 (b) (2).

Residents of public housing are not allowed to make alterations to their unit without written approval from the FHC’s Section 504/ADA Coordinator. Generally, all alterations will be performed by FHC staff or a FHC contractor.

## **PROCESSING OF REASONABLE ACCOMMODATION REQUESTS**

The FHC will provide the “Request for Reasonable Accommodation”, (“Request Form”), attached hereto, to all applicants, residents, or individuals with disabilities who request a reasonable accommodation. The Request Form includes various forms of reasonable accommodations as well as the general principles of reasonable accommodation.

Individuals may submit their reasonable accommodation request(s) in writing, orally, or by any other equally effective means of communication. However, the FHC will ensure that all reasonable accommodation requests are reduced to writing. If needed as a reasonable accommodation, the FHC will assist the individual in completing the Request Form.

- (a) The FHC will provide all applicants with the Request Form as an attachment to the FHC final application. The Request Form may be provided in an alternative format, upon request.
- (b) Reasonable accommodations will be made for applicants during the application process. All applications must be taken in an accessible location. Applications will be made available in accessible formats. FHC will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.
- (c) FHC will provide all residents with the Request Form during the initial and annual recertifications, and upon request. The FHC will provide the Request Form in an alternate form, upon request.
- (d) Residents seeking accommodation(s) may contact the FHC management office.
- (e) Within seven (7) business days of receipt of the Request Form, the management office will forward the resident’s request(s) to the Office of the Coordinator.
- (f) Within twenty (20) business days of receipt of the Request Form, the Coordinator, or his/her designee, will respond to the resident’s request.
- (g) If additional information or documentation is required, the Coordinator’s Office will notify the resident in writing of the need for the additional information or documentation. The Coordinator’s Office will provide the resident with the “Request for Information or Verification Form” (“Verification Form”), a copy of which is attached. The written notification should provide the resident with a reply date for submission of the outstanding information or documentation.
- (h) Within thirty (30) days of receipt of the request and, if necessary, all supporting documentation, FHC will provide written notification to the resident of its decision to approve or deny the resident’s request(s). Upon request, the written notification will be provided in an alternate format.
- (i) If FHC approves the accommodation request(s), the resident will be notified of the projected date for implementation.

- (j) If the accommodation is denied the resident will be notified of the reasons for denial. In addition, the notification of the denial will also provide the resident with information regarding FHC's Grievance Procedures.
- (k) All recommendations that have been approved by the ADA/504 Coordinator will be forwarded to the appropriate FHC staff person for implementation. All requests for reasonable accommodation that are approved by the FHC will promptly be implemented or begin the process of implementation.

### **VERIFICATION OF REASONABLE ACCOMMODATION REQUEST**

The FHC may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation Form. In addition, the FHC may request that the individual provide suggested reasonable accommodations.

The FHC may verify a person's disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

The FHC may not require individuals to disclose confidential medical records in order to verify a disability. In addition, the FHC may not require specific details regarding the individual's disability. The FHC may only request documentation to confirm the disability-related need(s) for the requested reasonable accommodation(s). The FHC may not require the individual to disclose the specific disability; or, the nature or extent of the individual's disability.

The following may provide verification of a resident's disability and the need for the requested accommodation(s).

- (a) Physician;
- (b) Licensed health professional;
- (c) Professional representing a social service agency; or
- (d) Disability agency or clinic.

Upon receipt, administrative staff operating on behalf of FHC, will forward the recommendation, including all supporting documentation, to the FHC's Section 504/ADA Coordinator within seven (7) days of receipt.

### **DENIAL OF REASONABLE ACCOMMODATION REQUEST(S)**

Requested accommodations will not be approved if one of the following would occur as a result:

- (a) A violation of State and/or federal law;
- (b) A fundamental alteration in the nature of the FHC public housing program;
- (c) An undue financial and administrative burden on FHC;

- (d) A structurally infeasible alteration; or
- (e) An alteration requiring the removal or alteration of a load-bearing structural member.

### **TRANSFER AS REASONABLE ACCOMMODATION**

FHC shall not require a resident with a disability to accept a transfer in lieu of providing a reasonable accommodation. However, if a public housing resident with a disability requests dwelling unit modifications that involve structural changes, including, but not limited to widening entrances, rooms, or hallways, and there is a vacant, comparable, appropriately sized UFAS-compliant unit in that resident's project or an adjacent project, FHC may offer to transfer the resident to the vacant unit in his/her projector adjacent project in lieu of providing structural modifications. However, if that resident rejects the proffered transfer or voucher, FHC shall make modifications to the resident's unit unless doing so would be structurally impracticable or would result in a undue financial and administrative burden.

If the resident accepts the transfer, FHC will work with the resident to obtain moving expenses from social service agencies or other similar sources. If that effort to obtain moving expenses is unsuccessful within thirty (30) days of the assignment of the dwelling unit, FHC shall pay the reasonable moving expenses, including utilities fees and deposits. Nothing contained in this paragraph is intended to modify the terms of FHC's Tenant and Assignment Plan and any resident's rights thereunder.

### **HOUSING CHOICE VOUCHER AS REASONABLE ACCOMMODATION**

- (1) When issuing a voucher as an accommodation, FHC may include a list of current available accessible units known to FHC, upon request. FHC may also provide search assistance. FHC may also partner with a qualified, local disability organization to assist the resident or applicant with the search for available, accessible housing. *See* 24 C.F.R. & 8.28
- (2) Extensions beyond the maximum term of one hundred twenty (120) days are available as a reasonable accommodation to eligible individuals with disabilities. These extensions are subject to documentation that a diligent effort to locate a unit has been conducted considering any impediments to searching because of a family member's disability.
- (3) FHC may, if necessary as a reasonable accommodation for an individual with a disability, approve a family's request for an exception payment standard amount under the Housing Choice Voucher Program so that the program is readily accessible to and usable by individuals with disabilities. *See* 24 C.F.R. && 8.28 and 982.504(b)(2).
- (4) Upon request by an applicant, participant, or their representative, FHC will ask the HUD Field Office for an exception payment standard up to 120% of the Fair Market Rent (FMR). However, the applicant, participant

or the representative, must provide documentation of the need for the exception payment standard to FHC.

- (5) In exceptional cases, FHC may ask the Assistant Secretary for Public and Indian Housing of HUD for an exception payment standard amount over 120% of the FMR, provided the applicant, participant or the representative provides the appropriate supporting documentation.

### **SERVICE OR ASSISTANCE ANIMALS**

Residents of FHC with disabilities are permitted to have assistance animals, if such animals are necessary as a reasonable accommodation for their disabilities. FHC residents or potential residents who need an assistance animal as a reasonable accommodation must request the accommodation in accordance with the reasonable accommodation policy. Assistance animals are not subject to the requirements of FHC Pet Policy.

### **RIGHT TO APPEAL/GRIEVANCE PROCESS**

- (1) The public housing applicant or resident may file a complaint in accordance with FHC's HUD-approved Grievance Procedure following a formal determination by the FHC's ADA/504 Coordinator.
- (2) The Housing Choice Voucher and Moderate Rehabilitation Program participant and applicant complainant may file a complaint in accordance with FHC's HUD-Approved Grievance Procedure following a formal determination by the FHC's ADA/504 Coordinator.
- (3) An applicant or resident may, at any time, exercise their right to appeal a FHC decision through the local HUD office or the U.S. Department of Justice. Individuals may contact the local HUD office at:

U.S. Department of Housing and Urban Development  
Detroit Field Office  
Patrick V. McNamara Federal Building  
477 Michigan Avenue  
Detroit, MI 48220  
313-226-7900

**Adopted: December 14, 2005**

**Motion # \_\_\_\_\_**

**FERNDALE HOUSING COMMISSION  
REQUEST FOR REASONABLE ACCOMMODATION**

You may utilize this form to request that the Ferndale Housing Commission (FHC) provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the FHC's facilities, programs or services.

For purposes of this form, please refer to the "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability".

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the property manager's office. 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 your the office of the FHC at 248-547-9500.

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name of Applicant/Resident/Participant

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

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. A physician licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development].

The Ferndale Housing Commission will work with you to determine how to fulfill your reasonable accommodation request. The Ferndale Housing Commission may require documentation to support your reasonable accommodation request(s). You may not make alterations to your public housing unit without written approval from the FHC. Generally, all alterations will be made by a FHC staff or a FHC contractor.

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Signature of Applicant/Resident/Participant

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Date

**FERNDALE HOUSING COMMISSION  
REQUEST FOR REIMBURSEMENT**

**Remember to attach a completed “Request for reasonable Accomodation” to this Request for reimbursement**

**To Resident:**

You should use this form if you made changes, at your expense, to your dwelling unit to accommodate the needs of a household member with a disability. You may be entitled to reimbursement for expenses you incurred as a result of the modifications. You may not make alterations to your public housing unit without written approval from the FHC. Generally, all alterations will be made by a FHC staff or a FHC contractor.

Please complete this form to report all changes you made to your unit, including the costs of those charges. Please also attach copies of any receipts or other verification of the changes you made to your unit and the expenses you incurred.

You must also complete and attach the “Request for a Reasonable Accommodation” in order to document that you or a household member is qualified individual with a disability and needed the changes to the unit as a result of the disability.

Name of Resident Seeking Reimbursement: \_\_\_\_\_  
Please Print

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

Name of Household Member with a Disability: \_\_\_\_\_

Please list all reasonable accommodation changes you made to your unit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all the costs you incurred for each change you made to your unit: [Please attach all receipts or other verifications.] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please remember that only modifications that you made as a result of the needs of you or a member of your household with a disability will be considered for reimbursement.  
Thank You.**

**FERNDALE HOUSING COMMISSION  
VERIFICATION OF DISABILITY**

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

You have indicated that you, or a member of your household, need a reasonable accommodation because of a disability in connection with a Ferndale Housing Commission residence, facility, program or service. A physician, licensed health care professional, or a professional representing a social service agency or disability agency or clinic may verify this information.

This form will be sent to the above health care provider or other appropriate individual, clinic or agency.

The Ferndale Housing Commission will use this information to evaluate your request for a reasonable accommodation. The Ferndale Housing Commission will keep this information confidential. If you choose not to authorize the release of this information, we may not be able to consider your reasonable accommodation request(s).

**MODIFICATION/ACCOMMODATION REQUESTED:**

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

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**RE: Household member with disability:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_

I hereby authorize the release of information to the Ferndale Housing Commission regarding the request for reasonable accommodation described on this form. This release shall constitute a waiver of confidentiality of our relationship, if any.

\_\_\_\_\_  
Name of Family Member/Parent/Legal Guardian [Print]      Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Resident

**Ferndale Housing Commission  
Release of Medical Information**

**RE:** \_\_\_\_\_  
Please print resident's name

**DATE:** \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to  
**(insert name of health care or other provider)**  
consult with representatives of the Ferndale Housing Commission, in writing, in person,  
or by telephone concerning the physical or mental impairment(s) that I assert to qualify as  
a individual with a disability for purposes of this reasonable accommodation request.

In addition, I authorize \_\_\_\_\_ to  
**(insert name of health care or other provider)**  
provide any relevant information that the Ferndale Housing Commission requests  
concerning the impairment and the resident's housing needs.

\_\_\_\_\_  
Resident's Signature

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

- (1) Name of Health Care Provider/Documenting Authority:  
\_\_\_\_\_
- (2) Address of Health Care Provider/Documenting Authority:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (3) Telephone Number of Health Care Provider/Documenting Authority:  
\_\_\_\_\_
- (3) Facsimile Number of Health Care Provider/Documenting Authority:  
\_\_\_\_\_

**FERNDALE HOUSING COMMISSION  
APPROVAL OF REQUEST FOR REASONABLE ACCOMMODATION**

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

To: \_\_\_\_\_

Dear Applicant or Resident:

We have received and approved your request for reasonable accommodation. Specifically, you requested [**describe specific accommodation request(s)**].

- \_\_\_\_\_ We will provide you with the requested accommodations(s) by \_\_\_\_\_].  
(date)
- \_\_\_\_\_ Although we have approved your request, we will not be able to complete your accommodations until \_\_\_\_\_ due to the following reasons:  
(date)

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

If you have any questions regarding this matter, please contact the Ferndale Housing Commission at 248-547-9500.

If you think that this change or modification is not what you requested; if this is unacceptable; or, if you object to the length of time it will take to provide your request, you may contact the Ferndale Housing Commission Section 504/Coordinator at 247-547-9500 extension 101.

Sincerely,

Deborah E. Wilson  
Executive Director

**FERNDALE HOUSING COMMISSION  
DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION**

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

To: \_\_\_\_\_

Dear Applicant or Resident:

We have received your request for reasonable accommodation. Specifically, you requested \_\_\_\_\_. Following our review [describe specific accommodation request(s)] of your request, we have denied your request for the following reasons(s).

- \_\_\_\_\_ You do not meet the definition of a “qualified individual with a disability” as explained in the “Reasonable Accommodation Policy” and, therefore, we are not required to provide you with a reasonable accommodation.
  
- \_\_\_\_\_ We have determined that your request is not “reasonable” for the following reasons: [describe specific basis for unreasonable determination]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- \_\_\_\_\_ Your requested accommodation would result in a fundamental alteration in the nature of our program for the following reasons: [describe reasons for fundamental alteration determination.] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- \_\_\_\_\_ Your requested accommodation would result in an undue financial and administrative burden for the FHC for the following reasons: [describe reasons for undue financial and administrative burden determination.] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Although we were unable to approve your specific reasonable accommodation request(s), we would like to meet with you to discuss an equally effective accommodation that may meet your needs. You may bring a friend advocate or attorney with you to meet with us. We would like to meet with you on **[insert date, time and location, including address, of proposed meeting.]** If you are unable to meet with us at this scheduled time, please contact our office at **[provide office telephone number]** to reschedule a mutually convenient date and time for the meeting.

If you disagree with our decision, you may contact Ferndale Housing Commission Section 504/Coordinator at 248-547-9500 extension 101.

Sincerely,

Deborah E. Wilson, Executive Director  
Ferndale Housing Commission

**FERNDALE HOUSING COMMISSION**  
**EXAMPLES OF REASONABLE ACCOMMODATION METHODS**

The following list of reasonable accommodation methods are examples of modifications that may constitute reasonable accommodations for individual FHC residents. These accommodations may not necessarily be “reasonable” for all individuals. In addition, each accommodation may not be available to every resident in every unit and/or in every development.

Section 504 states that the design, construction or alteration of buildings in conformance with §§ 3-8 of the Uniform Federal Accessibility Standards (UFAS) Appendix A to 24 C.F.R. & 40, Shall be deemed to comply with the requirements of 24 C.F.R. §§ 8.21; 8.22; 8.23; and 8.25. However, the UFAS citations noted below are provided as a reference to assist in providing a reasonable accommodation and are not intended to govern every request for a modification. In order to meet the individual’s specific disability-related need(s), the FHC may need to deviate from the UFAS. In addition, the reference to a UFAS section does not require all elements in that section to be made accessible. Rather, only the specific reasonable accommodation item requested is required to be accessible per the needs of the individual requesting the reasonable accommodation.

However, some modifications may not be structurally feasible in all units or all development; in addition, some modifications may represent an undue financial and administrative burden. In such situations, the requirement to provide a reasonable accommodation is not alleviated, but must be provided by some other means such as transferring a family with a disabled member to a unit/development where the reasonable accommodation can be provided; or, offering a Housing Choice voucher if such a unit would address the reasonable accommodation(s) requested. Nevertheless, FHC will work with each qualified resident with a disability who request a reasonable accommodation in order to identify a reasonable, effective and appropriate accommodation.

**Common Areas 6 -**

- Add edge protection to ramps and ramp landings with drop-offs
- Widen doors
- Provide accessible, lever-type door hardware
- Re-hang door to lay flat against a wall when opened
- Re-hang door to swing outward instead of into the accessible space
- Provide accessible or adjustable closet rods and shelves
- Provide lever faucets in public restrooms
- Provide grab bars in public restrooms
- Provide accessible toilets in public restrooms
- Lower mirrors in public restrooms
- Provide extra electrical outlets for TDD/TTY equipment

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6 Common Areas include, but are not limited to: FHC offices, including management and regional offices; private management company offices; community room; senior center; meeting room; mail room; laundry room; trash disposal; and, day care facilities.

- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments.
- Provide visual alarms for individuals who are deaf or hard of hearing
- Provide accessible cabinets and countertops in public kitchens
- Provide accessible appliances [i.e., refrigerator, oven, stove] in public kitchens

### **Elevators 7-**

- Elevators shall be located on an accessible route
- Residential or fully enclosed wheelchair lifts may be used, when appropriate, and when approved by local administrative authorities. *See UFAS && 4.10.1; 4.11*

### **Building Entrances and accessible routes 8-**

- Accessible signage;
- Add edge protection to ramps and ramp landings with drop-offs
- Widen doors
- Provide accessible, lever-type door hardware
- Re-hang door to lay flat against a wall when opened
- Re-hang door to swing outward instead of into the accessible space
- Add or adjust door closures
- Provide lever faucets in public restrooms
- Provide grab bars in public restrooms
- Provide accessible toilets in public restrooms
- Lower mirrors in public restrooms
- Provide extra electrical outlets for TDD/TTY equipment
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Provide visual alarms for individuals who are deaf or hard of hearing
- Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments
- Provide an accessible route into a building

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7 Accessible elevators shall be on an accessible route and shall comply with UFAS & 4.10 and with the American National Standard Safety Code for Elevators, Dumbwaiters, Escalators and Moving Walks, ANSI A17.1-1978 and A17.1a-1979. *See UFAS & 4.10; Figures 20,22 and 23.* An "accessible route" is a continuous, unobstructed UFAS-compliant path as prescribed in 24 C.F.R. && 8.3 and 8.32 and UFAS & 4.3.

8 At least one (1) accessible route complying with UFAS & 4.3 shall be provided within the boundary of the site from public transportation stops, accessible parking spaces, passenger loading zones, if provided, and public streets or sidewalks to an accessible building entrance. *See UFAS && 4.1.1(1); 4.3* In addition, UFAS requires that at least one (1) accessible route complying with UFAS & 4.3 shall connect accessible building or facility entrances with all accessible spaces and elements within the building or facility. *See UFAS && 4.1.2(1); 4.3*

### **Trash disposal facilities-**

- Provide accessible route into and through trash disposal facilities; or, provide an equally-effective accommodation such as personal trash disposal by housing staff

### **Laundry facilities-**

- Provide accessible route into and through common-use laundry facilities. Provide at least on (1) front loading washer and one (1) front-loading dryer in public-use laundry facilities <sup>9</sup> ; or, provide an equally effective accommodation such as the provision of a front-loading washer and dryer in resident's unit; or, provision of laundry services at FHC's expense

### **Mail Delivery/Mail Boxes-**

- Provide accessible route into and through mail boxes/mail facilities. Provide mailbox at lower height, upon request; or provide equally effective accommodation such as home delivery. <sup>10</sup>

### **Apartment Entrance and Interior Doors-**

- Widen doors
- Provide accessible, lever-type door hardware
- Re-hang door to lay flat against a wall when opened
- Re-hang door to swing outward instead of into the accessible space.
- Add or adjust door closure speed
- Adjust door opening force required for pushing/pulling door
- Provide lower peep holes or "telescoped" peep holes
- Provide a visual door knocker for individuals with hearing impairments
- Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments
- Provide ramp from accessible route to accessible entrance into unit

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<sup>9</sup> If laundry equipment is provided within individual dwelling units, or if separate laundry facilities serve one or more accessible dwelling units, then they shall meet the requirements of UFAS §§ 4.34.71 through 4.34.7.3

<sup>10</sup> "Cluster boxes", common in multi-family housing developments, are routinely placed in sequential order. However, if a customer is unable to access his/her mailbox due to a disability, the customer may submit a request under the U.S. Postal Service's "Hardship Clause" and request the relocation of the mailbox to a lower, accessible level. According to § 631.42 of the U.S. Postal Service "Postal Operations Manual", the customer submits the "Hardship Clause" request directly to his/her postal delivery person; the delivery person then submits the request to his/her manager. The manager evaluates the individual request and takes appropriate action. If the postal service is unable to relocate the mailbox, the postal service may provide an alternate accommodation such as door delivery.

## **Apartment Light Switches & Electrical Outlets**

- Lower electrical switches and/or raise electrical outlets <sup>11</sup>
- Provide extra electrical outlets for TDD/TTY equipment utilized by individuals with disabilities
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Lower thermostat controls
- Lower circuit breakers, when located in unit

## **Apartment Interior-**

- Provide extra electrical outlets for TDD/TTY equipment utilized by individuals with disabilities
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Provide visual and audible alarms for individuals who are deaf or hard of hearing; and, provide visual alarms in each room of unit <sup>12</sup>
- Provide windows which requires five pounds or less of opening force; provide crank type opening mechanism with large levers, when feasible
- Provide accessible storage spaces, including lowering clothes rods and/or adjustable closet shelves. Accessible storage spaces shall comply with UFAS & 4.25; Fig. 38

## **Apartment Kitchens <sup>13-</sup>**

- Lower kitchen sink
- Provide lever type hardware on kitchen faucet
- Provide accessible kitchen cabinets; provide accessible hardware on kitchen cabinets
- Provide accessible kitchen counters and work space

### *If the following items are provided to non-disabled residents in a development*

- Provide accessible refrigerators. *See UFAS & 4.34.6.8*
- Provide accessible ovens. *See UFAS & 4.34.6.7*
- Provide accessible dishwashers. *See UFAS & 4.34.6.9*

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11 The highest operable part of all controls, dispensers, receptacles, and other operable equipment shall be placed within at least one of the reach ranges specified in && 4.2.5 and 4.2.6 Except where the use of special equipment dictates otherwise, electrical and communications system receptacles on walls shall be mounted no less than 15" above the finish floor. *See UFAS & 4.27.3*

12 If emergency warning systems are provided, they shall include both audible alarms complying with UFAS & 4.28.2 and visual alarms complying with UFAS & 4.28.3 *See UFAS & 4.1.2 (13)*

13 Accessible or adaptable kitchens and their components shall be on an accessible route and shall comply with the requirements of UFAS & 4.34.6 However, the FHC will not be required to make all elements of the kitchen accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible kitchen elements.

### **Apartment Bathrooms 14-**

- Provide wider doors
- Provide lever type hardware on lavatory faucet
- Lower wash basin
- Lower mirror
- Provide accessible toilet
- Relocate toilet paper dispenser
- Provide grab bars at toilet
- Provide grab bars at bathtub and/or shower
- Provide seat in bathtub or shower
- Provide hand-held shower device
- Relocate bathtub and/or shower controls
- Provide roll-in shower or shower/bathtub seat

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14 Accessible or adaptable bathrooms shall be on an accessible route and shall comply with UFAS & 4.34.5. However, the FHC will not be required to make all elements of the bathroom accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible bathroom elements.

