

PENNINGTON COUNTY HOUSING AND REDEVELOPMENT COMMISSION
REASONABLE ACCOMMODATION/MODIFICATION POLICY

The Pennington County Housing and Redevelopment Commission (PCHRC) is committed to providing people with disabilities¹ the equal opportunity to use and enjoy their dwellings, as required by federal, state, and local law. Reasonable accommodations may include a change or exception to rules, policies, practices, or services that is needed because of a person's disability. Reasonable modifications may be a physical change to a unit or common area that is needed because of a person's disability. It is PCHRC's general policy to provide reasonable accommodations or modifications to individuals with disabilities whenever an individual has a.) requested a reasonable accommodation or modification, b.) met the definition of a person with a disability, and c.) has provided that there is a disability-related need for the requested accommodation or modification. A disability-related need exists when there is an identifiable relationship, or nexus, between the requested accommodation/modification and the individual's disability.

PCHRC accepts reasonable accommodation and modification requests from persons with disabilities and those acting on their behalf. Reasonable accommodation and modification request forms are available in your property management office, and may be returned to that office when complete. They will then be forwarded to the appropriate property manager. If you require assistance in completing the form, or wish to make the request orally, please contact PCHRC's management office. PCHRC will keep a record of all requests.

We will make a prompt decision on your request. If the request is of a time-sensitive nature, please let us know and we will expedite the decision-making process. In the event we need additional information to make a determination, we will promptly advise you of the information needed. It is PCHRC's policy to seek only the information needed to determine if the request should be granted under federal, state, or local law. We will not ask about the nature or extent of your disabilities. If the request is granted, you will receive a letter indicating so.

In the event of a denial due to a fundamental alteration to the operations of the property or if the request imposes an undue financial and administrative burden the request will be discussed with the individual who has made the request. PCHRC is committed to participating in an interactive process with the person requesting the accommodation or modification in order to reach an alternative.

If the request is denied we will provide you with a letter stating all of the reasons for the denial. If an individual with a disability believes that the request has been denied unlawfully or a response has been unreasonably delayed, then he or she may contact the U.S. Department of Housing & Urban Development, Office of Fair Housing & Equal Opportunity, 1670 Broadway, Denver Colorado, 80202-4801, 1-800-877-7353, <http://hud.gov/complaints>.

¹ For this purpose, a person with a disability is defined as a person with a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such an impairment, or a person with a record of such an impairment. Physical or mental impairments include, but are not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism. The term "substantially limits" suggests that the limitation is significant or to a large degree. The term "major life activity" means those activities that are of central importance to daily life, including but not limited to seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

**PENNINGTON COUNTY HOUSING AND REDEVELOPMENT COMMISSION
FORM TO REQUEST A REASONABLE ACCOMMODATION/MODIFICATION**

If you, a member of your household, or someone associated with you has a disability, and there is a need for a reasonable accommodation/modification in order for that person to have equal opportunity to use and enjoy a dwelling unit, or the public and common use areas, please complete this form and return to Pennington County Housing and Redevelopment Commission's (PCHRC) management office. Please fill out the form as completely as possible to ensure timely processing of the reasonable accommodation/modification request. PCHRC will answer this request, in writing within 10 days (or sooner if the situation requires an immediate response). If you require assistance in completing this form OR would like to make an oral request for a reasonable accommodation/modification please contact your caseworker or property manager for assistance. PCHRC will keep a record of all requests.

Name: _____

Today's Date: _____

The person who has a disability requiring a reasonable accommodation/modification is:

Me: _____ A person associated or living with me: _____

Name of person with disability: _____

Phone Number: _____

Address: _____

I am requesting a:

(1) REASONABLE ACCOMMODATION: A change and/or exception to rules, policies, practices, or services so that a person with a disability can have an equal opportunity to use and enjoy the premises.

The change I am requesting is:

This reasonable accommodation is needed because:

***Please fill out the following if the accommodation request is for an assistance animal:**

Designate the species, e.g., "dog", "cat", "bird" _____

Is the animal required because of a disability? Yes _____ No _____

(continued on next page)

I am requesting a:

(2) REASONABLE MODIFICATION: A structural change to an existing unit or common area in order to afford a disabled person the full enjoyment of the unit and premises. PCHRC is responsible for the cost of reasonable modifications as a recipient of federal financial assistance.

The modification I am requesting is:

This reasonable modification is needed because:

If the individual in need of the accommodation/modification is a person whose disability or need for the requested accommodation/modification is not readily apparent or known please submit documentation from a physician, psychiatrist, social worker, other mental health professional or other reliable third party which provides documentation of the individual's disability and disability related need for requested accommodation/modification. A form which can be provided to the health or social service professional can be provided to you by PCHRC if needed.

Printed Name of Person Making Request

Date

Signature of Person Making Request

Date

To be completed by Pennington County Housing and Redevelopment Commission or designee:

Form accepted by (print)

Date

Signature

(continued on next page)

AUTHORIZATION

I authorize the Pennington County Housing and Redevelopment Commission to verify that I have a disability and have the need for the reasonable accommodation that I have requested. In order to verify this information, my housing provider may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, non-medical service agency or other healthcare provider, whose function is to provide service to the disabled, or other expert in the field of _____.

Name: _____ Title: _____

Agency, Facility or Institution: _____

Address: _____

Phone: _____ Fax: _____

I understand that the information obtained by the Pennington County Housing and Redevelopment Commission will be kept confidential and used only by individuals responsible for making a determination on my reasonable accommodation request.

Signature: _____ Date: _____

Contact Information

Pennington County Housing and Redevelopment Commission
1805 West Fulton Street, Suite 101, Rapid City, SD 57702
605-394-5350 (Phone)
605-394-5354 (FAX)
Relay South Dakota 711

