

Attachments
2024 Annual Plan

*Attachment A - Reasonable
Accommodation*

*Attachment B - Effective Communication
Policy*

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& Language Assistance Plan*

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Program Action Plan*

Attachment A

NOTICE TO APPLICANTS AND RESIDENTS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATIONS

The Chattanooga Housing Authority (CHA) and its Management Agents are committed to assisting persons with disabilities. CHA will make Reasonable Accommodations in policies, procedures, rules and services when such accommodations may be necessary to afford persons with disabilities an equal opportunity to participate in or benefit from its programs.

Requests for accommodations must be reasonable, meaning CHA is not required to provide accommodations which would cause either undue financial or administrative burden or a fundamental alteration in the nature of CHA's programs. Requests for Reasonable Accommodations will be considered on a case-by-case basis so that CHA can consider, among other factors, the cost of the requested accommodation, the benefits that the accommodation would provide to the requester and the availability of alternative accommodations that would effectively meet the requester's disability-related needs.

If you are a person with disabilities who requires a Reasonable Accommodation because of a disability or if you are making a request on behalf of a person with disabilities, here are the steps to follow:

1. MAKE YOUR REQUEST.

To ensure that your request is handled efficiently, CHA requests that you submit your Reasonable Accommodations request in writing. CHA has prepared a **Request for a Reasonable Accommodation form** that makes it easier for you to provide the information Management will need to process your request. Although it is not required that you use this specific form, requests made on this form or in writing will simplify processing and will help avoid misunderstandings.

2. PROVIDE VERIFICATION OF YOUR NEED FOR THE ACCOMMODATION.

After Management receives your request, you may be asked to direct a doctor or other professional who has direct knowledge of your disability to provide reliable Verification of the following:

- A. You are a person with disabilities and
- B. You need the requested accommodation to afford you with an equal opportunity to participate in or benefit from CHA housing programs.

The Verification may be provided on the **Certification of Need Form** that Management provides directly to the Verifier you select. The Verification may also be provided in a letter from your Verifier if it properly provides the required information. To avoid unnecessary delay, you should encourage your Verifier to submit the requested Verification within ten (10) business days of the date you submit your Reasonable Accommodations request.

3. MANAGEMENT WILL INFORM YOU OF A DECISION.

Management's goal is to inform you of its decision within thirty (30) calendar days following receipt of the Verifications described above, provided that sufficient information is submitted to the manager. Your assistance in ensuring that documents are submitted in a timely manner is greatly appreciated.

If you have any questions or require additional information on the Reasonable Accommodation process, you may contact the HCVP Director at tcarpenter@chahousing.org or the TDD number at (423) 752-4830.

REQUEST FOR REASONABLE ACCOMMODATION FOR DISABLED PERSON

In accordance with my or person with disability's rights I am requesting an exemption, change, or adjustment to a rule, policy, practice, by the Housing Choice Voucher Program.

Head of Household Name: _____

Phone #: _____ **e-mail:** _____

Name of Family Member who is Disabled: _____

(If, not Head of Household)

Who qualifies as a person with a disability? Definition of a person with a disability include (1) - individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) - individuals who are regarded as having such an impairment; and (3) - individuals with a record of such an impairment.

1. Do you or the disabled household member **have a physical or mental impairment that substantially limits a major life activity?** YES NO I DO NOT KNOW

2. Please describe the Reasonable Accommodation that you are requesting? _____

3. Please explain how your request for a Reasonable Accommodation relates to the disability? **(Please do not list a medical condition!)** _____

Consent: I hereby consent to allow CHA\HCVP to contact and request information from the Medical Professional listed on this form below for the purposes of verifying that I or a household member has a disability and require reasonable accommodation. Information obtained under this consent is limited to information that is no older than 12 months. I also certify that the above information is true and accurate to the best of my knowledge.

SIGNATURE

DATE

Medical Professional with specific knowledge of your disability:

Name: _____ Phone #: _____ Fax#: _____

Address: _____ City: _____ State _____ Zip Code _____



The Reasonable Accommodation Policy of the Chattanooga Housing Authority's Low- Income Public Housing Program

POLICY STATEMENT

The Fair Housing Act (the "Act") prohibits housing providers from discriminating against applicants or residents due to their disability or the disability of anyone associated with them. Under the Act, the definition of disability includes: (1) individuals with a physical or mental impairment that substantially limits one or more major life activities ("Major life activities" includes such functions as caring for one's self, performing manual tasks, breathing, walking, seeing, hearing, speaking, bathing and learning); (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment. The definition of disability does not include persons who are engaging in the current illegal use of controlled substances or individuals with a disability whose tenancy would constitute a "direct threat" to the health or safety of other individuals or result in substantial physical damage to the property of others.

Except as otherwise provided in 24 C.F.R. §§ 8.21(c), 8.24(a), 8.25 and 8.31, the Chattanooga Housing Authority ("CHA") shall make reasonable accommodations for persons with disabilities to promote equal access to and participation in the housing programs. The Act defines a reasonable accommodation as a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have equal opportunity to use and enjoy a dwelling, including public and common use spaces. CHA shall permit reasonable modification of existing premises occupied or to be occupied by a person with a disability if such modification may be necessary to afford such person full enjoyment of the premises.

POLICY APPLICATION

This Reasonable Accommodation Policy (the "Policy") applies to applicants and residents of CHA's Low-Income Public Housing Program (LIPH) and participants in all other programs or activities receiving federal financial assistance that are conducted or sponsored by CHA, its agents or contractors, including all non-housing facilities and common areas owned or operated by CHA. This Policy does not apply to applicants and participants of the Housing Choice Voucher Program ("HCVP") (the reasonable accommodation policy of HCVP is addressed separately in HVCP's Administrative Plan).

A notice regarding reasonable accommodations shall be posted at the Central Office of CHA located at 801 N. Holtzclaw Avenue, Chattanooga, TN 37404 and at the management office of

each public housing development. This Policy shall be available for inspection at the aforementioned locations and online at www.chahousing.org.

SUBMITTING AND PROCESSING REASONABLE ACCOMMODATION REQUESTS

Individuals seeking a reasonable accommodation may submit their requests to the site-based management offices in writing, using the Reasonable Accommodation Request Form; orally; or by any other equally effective means of communication. If a requester is unable to submit their request in writing, the property manager will assist the individual in reducing their request to written form.

The Section 504/ADA Administrator (the "Administrator") is responsible for reviewing and responding to all requests for accommodations. If the request is approved, the requester will be notified in writing of the approval and the projected date of implementation. The cost necessary to carry out approved requests, including requests for physical modifications, will be borne by the CHA. If another party pays for the modifications, CHA will seek to have the same entity pay for any restoration costs. If more than one accommodation is equally effective in providing access to CHA's housing programs and services, CHA retains the right to select the most efficient or economic choice.

If a request for an accommodation is denied, the requester shall be notified in writing of the denial and the basis for the decision; the denial letter shall also include CHA's grievance procedures. Requested disability-related accommodations will not be approved if they fundamentally alter the nature of CHA's programs or impose undue financial and administrative burdens, considering all resources available. The burden of demonstrating that a requested accommodation is unreasonable and imposes an undue administrative and financial burden, or fundamentally alters the nature of the programs is on CHA. When CHA refuses a requested accommodation because it is unreasonable, CHA shall discuss with the requester whether there is an alternative accommodation that would effectively address the disability-related needs without a fundamental alteration to CHA's operations and without imposing an undue financial and administrative burden.

In order to demonstrate that a requested accommodation may be necessary, there must be an identifiable relationship between the requested accommodation and the individual's disability. When additional information is necessary to process the reasonable accommodation request, the Administrator will notify the requester and offer reasonable time to provide the supplementary information. The Administrator shall not request information regarding the specific disability or the nature or extent of the disability.

GRIEVANCE PROCEDURE AND RIGHT TO APPEAL

Through the grievance process, applicants or residents/participants may contest the Administrator's decision to deny an accommodation. A request for a grievance hearing, following the formal determination by the Administrator, must be lodged with the Appeals Coordinator designated in the denial letter. The denial letter shall describe how to obtain the grievance hearing.

Applicants or residents/participants may also exercise their right to appeal a denial by filing a complaint with the United States Department of Housing and Urban Development ("HUD"). Complaints may be sent to the following address:

**Office of Fair Housing and Equal Opportunity
Department of Housing and Urban Development
451 7th Street, S.W., Room 5204
Washington, D.C. 20410-2000**

Complaints may also be submitted online at <http://www.hud.gov>; or by placing a telephone call to 1-800-669-9777.



CHATTANOOGA HOUSING AUTHORITY

LOW-INCOME PUBLIC HOUSING PROGRAM

Street Address: 801 N. Holtzclaw Ave. Chattanooga, TN 37404

REQUEST FOR REASONABLE ACCOMMODATION

In accordance with the Chattanooga Housing Authority's (CHA) Reasonable Accommodation Policy, I am requesting a change, exception, or adjustment to a rule, policy, practice or service of the Low-Income Public Housing Program; or a modification of CHA's existing premises.

Head of Household Name: _____

Address: _____ **Unit Number:** _____

Phone #: _____ **e-mail:** _____

Name of Family Member who is Disabled: _____
(If not Head of Household)

Who qualifies as a person with a disability? The definition of a "qualified individual with a disability" includes: (1) individuals with a physical or mental impairment that substantially limits one or more major life activities ("major life activities" includes such functions as caring for one's self, performing manual tasks, breathing, walking, seeing, hearing, bathing and learning, etc.); (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

1. Do you or the disabled household member **have a physical or mental impairment that substantially limits a major life activity?** YES NO I DO NOT KNOW

2. Please describe the Reasonable Accommodation or Modification that you are requesting:

3. Please explain how your request for a Reasonable Accommodation or Modification relates to the disability? **(Please do not list a medical condition!)** _____

I certify that the above information is true and accurate to the best of my knowledge.

SIGNATURE

DATE



CHATTANOOGA HOUSING AUTHORITY

LOW-INCOME PUBLIC HOUSING PROGRAM

Street Address: 801 N. Holtzclaw Ave. Chattanooga, TN 37404

Authorization for Release of Information

The Chattanooga Housing Authority may require documentation to support your reasonable accommodation request. A physician, psychiatrist, licensed psychologist, license nurse practitioner, licensed social worker, rehabilitation professional, a non-medical service agency whose function is to provide services to the disabled, or any appropriately qualified person who is knowledgeable about the disability may provide verification of the disability-related need. The verification of the disability related need must be sent directly to the Chattanooga Housing Authority.

This authorization solely authorizes the release of information necessary to verify the following:

1. Documentation necessary to confirm that the above-named individual meets the definition of a "qualified individual with a disability", as defined above;
2. A description of the needed reasonable accommodation(s); and
3. A description of the identifiable relationship between the individual's disability and the requested reasonable accommodation(s).

I, _____ (*your name*) hereby authorize _____
_____ (*name of verifier*) to release disability-related need
information for _____ (*name of person with a
disability*) to the Chattanooga Housing Authority.