

GUIDANCE FOR MEDICAL PROFESSIONALS

RIGHT TO A REASONABLE ACCOMMODATION/MODIFICATION | WHAT IS AN RA/RM?

- ▶ A reasonable accommodation (RA) 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 equal opportunity to use and enjoy a dwelling, including public and common use spaces. A reasonable modification (RM) is a physical change to the interior of a tenant's own unit or to the common use areas that allows the person full use and enjoyment of their housing. Accommodations must be related to a person's disability. Housing providers must generally grant requests for an accommodation/modification if they meet these criteria. **Our advocates are available to provide free assistance with RA/RM requests for clients/patients.**

HOW IS DISABILITY DEFINED BY THE FAIR HOUSING ACT?

- ▶ A person is protected as a person with a disability if they:
 - have a physical and/or mental impairment which substantially limits one or more major life activities,
 - have a record of such an impairment, or
 - are regarded as having such an impairment (includes people associated with or residing with a person meeting this definition).
- ▶ Examples of covered disabilities include:
 - Chronic mental illness
 - Hearing, mobility, and visual impairments
 - Cancer
 - AIDS/HIV
 - Developmental disabilities
 - Alcoholism or past drug abuse
- ▶ Fair Housing Law directs Housing Providers to rely on the advice and recommendations of Care Providers when evaluating requests for accommodations or modifications. For example, if a Care Provider believes their patient/client requires carpet removal to more effectively manage their asthma, this may be a reasonable accommodation.

WHEN DOES A MEDICAL PROFESSIONAL NEED TO PROVIDE A VERIFICATION LETTER FOR A REASONABLE ACCOMMODATION/MODIFICATION?

- ▶ When a tenant requests a reasonable accommodation/modification, their housing provider is entitled to receive confirmation that:
 - 1 They are a person with a disability as defined within Fair Housing law, and
 - 2 The requested accommodation/modification is necessary because of their disability to fully use and enjoy their housing.
- ▶ Verification letters should include **both** of the above statements.
- ▶ Please note a housing provider is **not permitted** to ask a person with a disability any questions about the nature or extent of their disability.

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Tenants may not need a care provider to verify their need for accommodation/modification if their disability is obvious or already known to their housing provider and their need for the requested accommodation/modification is clearly related to their disability. However, many housing providers routinely request verification and may withhold their approval until/unless they receive verification from a care provider. Care providers may include, but are not limited to, physicians, mental or behavioral health professionals, social workers, case managers, etc.

SAMPLE VERIFICATION LETTER FROM MEDICAL PROFESSIONAL:

[Date]

Re: Reasonable Accommodation/Modification for [Patient Name and Address]

To Whom It May Concern:

[Patient Name] is a patient in my care. I am writing because my patient is an individual with a disability as defined by the Fair Housing Act. Due to [his/her/their] disability, [he/she/they] require(s) the following accommodation or modification: (Examples: Permission to have an emotional assistance animal in their unit, despite a no pet policy, or a reserved, accessible parking space near the entrance to their unit.)

This patient's disability affects their ability to (identify major life activity, which is affected by the disability): _____. The request presented above is necessary in connection with their disability. Your prompt review and written approval of this request is appreciated.

Signed,

[Name, Title, & Contact Information]

For more detailed information on requesting a reasonable accommodation or modification in housing, please visit the webpages linked below:

Requesting RAs: <https://www.hud.gov/sites/dfiles/FHEO/documents/huddojstatement.pdf>

Requesting RMs: https://www.hud.gov/sites/dfiles/FHEO/documents/reasonable_modifications_mar08.pdf

