



## NOTICE OF NON-DISCRIMINATION AND REASONABLE ACCOMMODATION

The Lynchburg Redevelopment and Housing Authority (LRHA) complies with, and takes seriously, laws that protect individuals from discrimination. These laws protect LRHA staff, people who apply for LRHA employment, and people who receive or apply to receive housing or other services from LRHA. LRHA does not discriminate individuals on the basis of their race, religion, sex, color, national origin, age, disability or familial status.

LRHA will reasonably accommodate the needs of individuals with disabilities. A reasonable accommodation is a change to LRHA facilities, policies, or procedures that will assist an otherwise eligible individuals with a disability an equal opportunity to access LRHA's programs, services, or facilities. LRHA is not required to grant the reasonable accommodation if it causes undue burden or cost, or if it fundamentally alters the program.

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

- Making large type documents, or a reader available to an individual with a disability related to vision;
- Making a unit, part of a unit or public and common use element accessible for a family member with a disability;
- Granting an extra bedroom to a family member who needs a live-in aide due to their disability;
- Making a sign language interpreter available to an individual with a disability related to hearing during the interview or recertification;
- Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- Permitting an outside agency to assist an applicant with a disability to meet LRHA's applicant screening criteria;
- Granting an extension on the voucher's search time because an individual needs an accessible unit and has not been able to locate one.

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### To Request an Accommodation

The decision to request a reasonable accommodation is your choice. If you are an individual with disabilities, and want to request a reasonable accommodation, please contact:

ADA/504 Coordinator  
Lynchburg Redevelopment and Housing Authority  
1948 Thomson Drive  
Lynchburg VA 24501  
Phone: (434) 485-7200

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### If You Need Assistance

If you feel that you have been discriminated against, the Philadelphia Regional Office of Fair Housing and Equal Opportunity (FHEO)—which has jurisdiction over fair housing issues in Virginia—may be able to assist you. Please contact the FHEO at:

Philadelphia Regional Office of FHEO  
U.S. Department of Housing and Urban Development  
The Wanamaker Building  
100 Penn Square East, 12th Floor  
Philadelphia, Pennsylvania 19107-3380  
(215) 861-7646 or (888) 799-2085; TTY (215) 656-3450

*Civil Rights Complaints:* [ComplaintsOffice03@hud.gov](mailto:ComplaintsOffice03@hud.gov)

You may also file a complaint with the U.S. Department of Housing and Urban Development here:  
[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/online-complaint](https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint).



## REASONABLE ACCOMMODATION REQUEST GENERAL PRACTICES

1. Before LRHA grants a reasonable accommodation, LRHA must verify that:
  - a. You or your family member is an individual with a disability,
  - b. You or your family member needs the requested accommodation because of your/their disability,
  - c. Your request for a reasonable accommodation would not cause LRHA an undue burden or cost, and it will not fundamentally alter LRHA's programs or your essential job function.
2. LRHA will seek third-party verification, from a doctor or knowledgeable professional, where appropriate, to verify the need for the reasonable accommodation.
3. Reasonable accommodations will be granted or denied based on the information provided by the person making the request and the information provided by the knowledgeable professional.
4. Information obtained from a knowledgeable professional will be kept confidential and only used to make a determination on the reasonable accommodation request.
5. The form, *Request for Reasonable Accommodation*, is designed to help LRHA and individuals. If an individual does not or cannot use the form, LRHA will record the request for an accommodation in writing and process it in accordance with its policies.
6. You may request a reasonable accommodation at any time, verbally or in writing.
7. Any meetings required by this policy will be held in an accessible location.
8. LRHA will not unlawfully retaliate against anyone because they exercised their rights in good faith.



## REQUEST FOR REASONABLE ACCOMMODATION

A reasonable accommodation is a modification or change the Lynchburg Redevelopment and Housing Authority (LRHA) can make to its facilities, apartments, policies or procedures that will assist an otherwise eligible client with a disability an equal opportunity to participate in LRHA programs, facilities and services.

This form is intended for use by LRHA:

- **Public housing** resident/applicants may request a reasonable adjustment in a rule, policy, procedure, or a physical modification to their apartment or building common area because of their disability or a family member's disability; and/or
- **Housing Choice Voucher (HCV)** participants/applicants may request a reasonable adjustment in a rule, policy, or procedure because of their disability or a family member's disability.

LRHA reserves the right to re-verify the need for any reasonable accommodation.

This form may be filled out by the client/applicant with a disability unless the individual is a minor or cannot as a direct result of his/her disability. In this case, the client's/applicant's designee may fill out the form. If you cannot complete this form and do not have a designee, please ask LRHA staff for assistance. This form may also be used by LRHA staff to document a verbal request for a reasonable accommodation.

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### Head of Household Information

\_\_\_\_\_

Date of Request

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Head of Household Name

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Head of Household Address

\_\_\_\_\_

City, State

\_\_\_\_\_

ZIP Code

\_\_\_\_\_

Name of Individual for Whom Accommodation Is Being Requested

\_\_\_\_\_

Relation to Head of Household

Head of Household Status:  Resident/Participant

Applicant

Other

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### REQUESTOR'S REPRESENTATIVE OR LRHA STAFF (If applicable)

**If this form has been filled out by a representative of the person for whom the accommodation and/or modification is being requested or by an LRHA staff person, please complete the information below.**

\_\_\_\_\_

Name of Requestor's Representative or Agency Staff

\_\_\_\_\_

Signature

\_\_\_\_\_

Address

\_\_\_\_\_

City, State

\_\_\_\_\_

ZIP Code

\_\_\_\_\_

Telephone

\_\_\_\_\_

Relation to the Individual for Whom the Accommodation is Requested

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### REASONABLE ACCOMMODATION REQUEST

1. Enter the type of reasonable accommodation requested: \_\_\_\_\_

2. The reasonable accommodation is requested for (Name of Household Member): \_\_\_\_\_

3. The reasonable adjustment(s) is needed as a result of a disability. **Please note that there must be a reasonable connection between the disability and the reasonable adjustment(s) request.** Check the reasonable adjustment(s) needed:

**Method of communication between LRHA and the individual needing the adjustment.** Please list the communication method you need. For example, I am deaf and need a sign interpreter. Please be specific: use additional paper, if necessary.

\_\_\_\_\_

**Adjustment to LRHA rules, policies, and/or procedures.** Please be specific: use additional paper, if necessary.

\_\_\_\_\_

**Live-in Aide.** List the name of the person you would like to add to your household as a live-in aide.

\_\_\_\_\_

**Other.** Please be specific: use additional paper, if necessary.

\_\_\_\_\_

**(Public Housing Only.) A modification in the apartment or other part of the housing development.** Please be specific about what modification is needed. Use additional paper, if necessary.

- Apartment without Steps
- Apartment on a Lower Floor of the Building
- Bedroom and Bathroom on the First Floor
- Sensory Apartment (i.e., features for the hearing impaired and visually impaired)
- Extra Bedroom (reason) \_\_\_\_\_
- Other (i.e., grab bars in the bathroom, raised toilet seat, lever faucet handles, extended shower handle, transfer seat for tub) \_\_\_\_\_

4. **Knowledgeable Provider.** LRHA may verify the disability (**but not the nature or severity**) and that the need for this request is a direct result of the disability. The designated knowledgeable professional may provide the information requested in order to verify the disability and need for this request. The name and address of the knowledgeable professional is provided below.

Name & Title: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP Code

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### Authorization for Release of Information

**To the Knowledgeable Professional(s) that I have listed above:**

I, the undersigned, certify under penalty of perjury that the information provided above is true and correct.

I give the Lynchburg Redevelopment and Housing Authority (LRHA) permission to contact the above individual(s) for purpose of verifying that I or a family member who is a minor or under my guardianship have/has a disability and needs the reasonable accommodation/structural modification requested above as a direct result of this disability. **Do not provide the nature or severity of the disability.** I understand that the information LRHA obtains will be kept completely confidential and used solely to determine if LRHA will provide me with the requested reasonable accommodation and/or structural modification.

**Please note that the knowledgeable professional named above will receive a copy of this form. Additionally, LRHA may contact the identified knowledgeable professional for further verification and/or clarification of information provided in either this form or the knowledgeable professional's completed certification.**

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

**WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §§ 3729, 3802).**



## VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

TO: \_\_\_\_\_

Name of the Knowledgeable Professional

Address \_\_\_\_\_

City, State \_\_\_\_\_

ZIP Code \_\_\_\_\_

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

Email Address \_\_\_\_\_

Fax Number \_\_\_\_\_

RE: \_\_\_\_\_

SSN: xxx-xx- \_\_\_\_\_

DOB: \_\_\_\_\_

Client/Applicant Name

Enter last four digits of the SSN

Client/Applicant Address \_\_\_\_\_

City, State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Dear Knowledgeable Professional:

The above listed individual submitted a request for a reasonable accommodation and authorized release of information. A copy of the request is attached. In response to this request, we are required to verify that the individual is disabled and demonstrates a need for the requested reasonable accommodation. We ask your cooperation by supplying the requested information. We will use any information you provide to grant or deny the request under Section 504 of the Rehabilitation Act. If you have any questions, please feel free to contact me at the number below.

**Please DO NOT send the medical records of the individual requesting your certification.**

**Please DO NOT include any details concerning the nature or severity of the individual's disability.**

For the purpose of this request, a *person with a disability* means an individual who 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.

The term *physical or mental impairment* includes, but is not limited to:

- Any physiological disorder or condition, cosmetic disfigurement, 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
- 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 impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus (HIV) infection, mental retardation, emotional illness, drug addiction (other than addiction cause by current, illegal use of a controlled substance) and alcoholism.

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

*Has a record of such impairment* means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major live activities.

*Is regarded as having an impairment* means: has a physical or mental impairment that does not substantially limit one or more major life activities but is treated by another person as constituting such a limitation; has a physical or mental impairment that substantially limits one or more major life activities, only as a result of the attitudes of others toward such impairment; or has none of the impairments defined in this section but is treated by another person as having such an impairment.

The definition of a *person with disabilities* does not include:

- Current, illegal use of or addiction to a controlled substance.
- Individuals who are alcoholics or drug abusers and whose current use of alcohol or drugs prevents them from participating in the program or activity in question, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others.

Additionally, an individual shall not be considered disabled solely because that individual is a transvestite.

Thank you in advance for your prompt attention to this matter on behalf of your patient and our client.

\_\_\_\_\_  
Staff Name

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Fax Number

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**TO BE COMPLETED BY A KNOWLEDGEABLE PROFESSIONAL**

Please read the information below and answer the following questions:

- 1) In my professional opinion, I certify that the individual has a qualifying disability.  
 Yes                       No                       No Knowledge
- 2) In my professional opinion, I certify that the individual needs the following reasonable accommodation, because certain conditions related to his/her disability constitute a barrier to the full use and benefit of the housing assistance:  
\_\_\_\_\_  
\_\_\_\_\_
- 3) If this individual is disabled, what is the expected duration of the disability?  
 Permanent Disability                       Temporary Disability: Expected Duration \_\_\_\_\_
- 4) In my professional opinion, I believe that the requested accommodation is reasonably connected to the individual's disability and the accommodation would allow this individual the full benefit of the program.  
 Yes                       No                       No Knowledge
- 5) As applicable: If the request is for a live-in aide, is the aide required 24 hours/day?  
 Yes                       No                       No Knowledge
- 6) As applicable: If the request is for medical equipment, is an additional bedroom required?  
 Yes                       No                       No Knowledge

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**CERTIFICATION**

**To Be Signed by the Knowledgeable Professional Completing this Form**

Please be advised that your certification may be presented as evidence at a formal grievance or legal action. The Lynchburg Redevelopment and Housing Authority (LRHA) may report this certification to the Department of Professional and Occupational Regulation or its equivalent regulatory board in another state, your professional association, and/or the appropriate ethics board regulating your profession if this certification is found to be false.

I, the undersigned, certify under penalty of perjury that the information provided above is true and correct.

\_\_\_\_\_  
Name (Printed or Typed)

\_\_\_\_\_  
Credential

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

**WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §§ 3729, 3802).**