REASONABLE ACCOMMODATIONS POLICY

It is the policy and practice of the City of Redwood City to comply fully with Section 504 of the Fair Housing Amendments Act (PL 100-430), other applicable local, state, and federal laws to assure equal opportunity and equal access for all disabled users of City programs, services, and facilities. The City shall implement this Reasonable Accommodations Policy in programs and services provided by administrators of Community Development Block Grant (CDBG) and other applicable federal funding and shall require non-profit organizations receiving such funding to identify their Reasonable Accommodations Policy at the time of application for funding.

For purposes of this policy, the term disability means with respect to an individual: (A) a physical or mental impairment that substantially limits one or more major life activities; (B) a record of such an impairment, or; (C) being regarded as having such an impairment.

Reasonable Accommodations shall be defined as any physical improvement, program flexibility, or any other modification or adjustment necessary to allow a person with disabilities the same equal opportunity to programs and services being funded by CDBG or other federal funds as available to non-disabled persons.

The City’s policy shall be neither exhaustive nor exclusive and shall rely upon requests from persons with disabilities and organizations serving persons with disabilities to request such accommodations as needed. The City shall provide REQUEST FOR REASONABLE ACCOMMODATIONS forms to each organization funded with federal funds. Where disabled persons with mobility problems cannot go to the service location, the service provider shall go to the disabled person to assist them in applying for services and accommodations. In this case, organizations may bill the City for transportation costs related to providing reasonable accommodations from their CDBG grant.

Where accommodations needed are physical in nature, City shall refer applicants to either its Home Improvement Loan Program or to the Housing Accessibility Modifications Program operated by the Center for the Independence of the Disabled, or any other service deemed appropriate to the individual accommodation being requested. City shall recognize that reasonable accommodations are specific to the needs of each individual, and that the applicant must participate in the determination of the appropriate accommodation. Every request for reasonable accommodation shall be given full consideration and the City shall coordinate resources necessary to achieve approval for each accommodation requested. An example of this may include approving costs above the average service level such as approving accommodations at $2,000.00 when the program limits its grants to $1,000.00. Physical accommodations will conform to Uniform Federal Accessibility Standards.

In the case of new construction of affordable housing units, 5% of all units in a development of 5 or more multifamily units will be accessible for persons with physical disabilities. No less than 2% of these units must be adaptable for persons with visual or hearing disabilities. The units shall be specifically marketed to persons with disabilities with bona fide wheelchair users receiving first preference for the physically accessible units and documented evidence of hearing or vision impaired disabilities for the units constructed as adaptable for hearing and vision impaired.
Reasonable accommodations may be requested by a homeowner, tenant, landlord in behalf of a tenant, or non-profit organization providing other services to the person with disabilities. The initial request for reasonable accommodations may be submitted to the City’s 504 Coordinator in letter form. However, the City reserves the right to request additional information regarding the accommodations (identical to information requested on City’s form) to be made in order to identify life threatening and time sensitive repairs from those that are not immediate. City is expected to respond to each request within 72 hours or 3 business days from the date the request is made. Emergency requests will be addressed immediately upon receipt of the request.

In cases where the City cannot provide the accommodations being requested, applicant or referring agency will receive a response from the City identifying why assistance cannot be made and offering a referral to some other appropriate agency. The City will utilize whatever resources are available in order to quickly respond to all requests for reasonable accommodations. Referring agencies may refer their clients but not their employees, unless the employee is also a client with disabilities who is receiving services funded under CDBG or other federal funds allocated by the City.

It is the obligation of the person with disabilities to request a reasonable accommodation. If a reasonable accommodation is requested and granted, but the disabled person decides to refuse the accommodation, the City will make every effort to offer an alternative method of accommodation, up to and including allowing the individual to share or pay for expenses that would allow the preferred accommodation to be made (i.e., Shared Driveway and Sidewalk Repair Program).

**Reasonable Accommodations Request – Undue Hardship Limitation**

The City of Redwood City will attempt to grant every reasonable accommodation requested; however, certain requests may impose an undue hardship and cannot be accommodated. If the reasonable accommodation would pose an undue hardship, the City must consider whether there are alternative accommodations that would not pose such a hardship.

An Undue Hardship is an action that requires significant difficulty or expense in relation to the size and funding allocated to the City or a program, the resources available, and the nature of the assistance being requested.

An undue hardship must always be determined on a case by case basis. The nature of an undue hardship includes any action that is unduly costly, extensive, substantial, or disruptive that would fundamentally alter the nature or operation of the program. For example, a homeless person with disabilities may be referred to another accessible shelter rather than trying to alter the inaccessible shelter for a short term stay. Additional accommodations may also be necessary such as transportation to shelters located in an adjacent community.

Structural changes involving altering structural bearing walls may be considered as an undue hardship. A reasonable accommodation may mean an undue hardship due to cost; however, the accommodation may be considered as part of the Home Improvement Loan Program where the scope of work is wider and more funds are available to pay these costs. In the case of a homeowner who is disabled, the Home Improvement Loan Program may choose to make a deferred loan secured against the property for the life of the disabled person or upon sale or transfer of the property, whichever comes first in order to protect the disabled homeowner.

**Reasonable Accommodations Request – Appeals Process**

Applicants who are denied a reasonable accommodation deemed to be an undue hardship, or feel that full consideration was not given to their specific needs may appeal the decision to a 504 Review Panel within 30 days from the date they were denied a reasonable accommodation. The Appeals Review Panel is made up of the following representatives:
Section 504 Coordinator  
Representative from the Center of the Independence of the Disabled  
Chair of the Housing and Human Concerns Committee  
Member of City’s current contracting Fair Housing Agency  
Representative from the referring Agency or other such agency that will advocate for the disabled applicant.

The 504 Review Panel will make a recommendation to the Housing and Human Concerns Committee (HHCC). The Housing and Human Concerns Committee may make recommendations to Council based on the recommendation of the 504 Panel. In this case, the HHCC may also recommend to Council the funding needed to carry out the accommodation.

The HHCC may also refer the 504 Panel’s recommendation to the Peninsula Conflict Resolution Center (PCRC) and subsequently refer PCRC’s recommendation to Council for approval.

If no resolution is achieved through either of the above mentioned process, the Applicant may appeal to the City Council and the exhaust any remedies available under State or Federal law. The appeals process is intended to help identify an appropriate solution if the original request cannot be realized.

At any time during the process of requesting a Reasonable Accommodation, Applicants may also contact the following agencies for information regarding their rights and responsibilities:

Center for Independence of Individuals with Disabilities  
1515 S. El Camino Real – Suite #400  
San Mateo, CA 94402  
PHONE: 650-645-1780  
FAX: (650) 645-1785  
TTY: (650) 522-9313  
http://cidsanmateo.org/contact.html

Project Sentinel - Redwood City Office  
626 Jefferson Avenue, Suite 6  
Redwood City, CA 94063  
Toll Free (888) 324-7468  
Phone (650) 321-6291  
Fax (650) 321-4173  
info@housing.org

State of California  
Department of Fair Employment and Housing  
2218 Kausen Drive, Suite 100  
Elk Grove, CA 95758  
Toll-free (800) 884-1684  
TDD (800) 700-2320  
http://www.dfeh.ca.gov/Contact.htm

U. S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity  
451 Seventh Street, SW, Room 5204  
Washington, D.C. 20410-2000  
1-800-669-9777
APPLICATION FOR REASONABLE ACCOMMODATIONS

Date of Request: _______________________

Applicant Name: _____________________________________________________________

Referred by: ________________________________________________________________

(If request is being made on behalf of client, list both name of applicant to be assisted and name of organization making referral; indicate if follow-up should be made to referring organization or directly to applicant requesting assistance.)

Nature of disability: (check all that apply)
☐ Physical  ☐ Mental  ☐ Developmental  ☐ Vision  ☐ Hearing  ☐ Other

Nature of Accommodations being requested:1

__________________________________________________________________________

__________________________________________________________________________

If physical improvements are required, has applicant received permission from the landlord?  ☐ Yes  ☐ No

Timing for Improvements: Will accommodations requested correct health and safety issues for applicant?  ☐ Yes  ☐ No

Are improvements requested needed immediately?  ☐ Yes  ☐ No

If Landlord has made improvements on behalf of applicant and this request is for reimbursement of such improvements, provide name and address to whom and where payment should be made:

__________________________________________________________________________

__________________________________________________________________________

_______ Payment authorized from Program Grant. (Name of Program)

__________________________________________________________________________

_______ Reimbursement authorized from Housing Accessibility Modifications Program.

Do not write below this line. For Section 504 Coordinator Use only.

Disposition:  _____ Accommodation approved.

_______ Accommodation Denied. (See Denial Letter and complete Undue Hardship Limitation Form 2 (to be completed by 504 Coordinator).

_______ Alternate Referral. (See Referral Letter.)

1 Attach separate page as necessary to describe the nature of accommodations being requested.
Undue Hardship Limitation Analysis
(to be completed by Section 504 Coordinator)

Applicant: ________________________________

Referring Agency: ________________________________

a. Nature of Accommodations ________________________________

b. Actual or estimated cost ________________________________

c. Amount of funding allocated (to the program or project from which this accommodation is being requested. ________________________________

d. Impact of this accommodation in the program or project from which the accommodation is being requested. ________________________________

e. The overall financial resources of the organization carrying out the program and or project where the accommodation is being requested. ________________________________

f. The type of accommodation being requested relative to the structure of the program or project where the accommodation is being requested. ________________________________

Disposition: Based on the above factors, the requested accommodation has been determined to present an undue hardship to the program or project for reasons noted in:

☑ Check all that apply. ☐a ☐b ☐c ☐d ☐e ☐f

Alternatives: Based on the factors considered above, an alternate recommendation is: (check one)
☐ available to applicant ☐ would not meet applicant’s needs

Referrals: An alternative accommodation can be made by ________________________________.
Contact information for alternative accommodation.
Reasonable Accommodations Disposition Form

To: ________________________________ __________________
    Applicant        Date

Applicant’s Address: ________________________________________________
__________________________________________________________________
__________________________________________________________________

SUBJECT: STATUS OF REQUEST FOR REASONABLE ACCOMMODATIONS

Program/Project Name: ______________________________________________

Your request for a Reasonable Accommodation in the above named Program/Project has been reviewed and the following determination has been made:

☐ Request is Approved.
Instructions on Next Step: ____________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

☐ Request has been Denied due to the reason(s) listed below; however, we would like to meet with you and your representative to further discuss the following Alternative Accommodations:

Reason for Denial: _________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

☐ Alternative Accommodations Proposed: ________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
☐ Request has been Denied due to the following reasons: (If based on Undue Hardship, submit copy of the Undue Hardship Limitation Analysis to applicant with this form.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________