

APPENDIX A

**HOUSING AUTHORITY OF THE CITY OF LAS VEGAS
LIST OF PROPERTIES**

HOUSING AUTHORITY OF THE CITY OF LAS VEGAS

CONVENTIONAL LOW INCOME PUBLIC HOUSING DEVELOPMENTS

Project Number	Project Name	Address	City	County	State	Zip Code	Unit Count
NV39-1, 2, 3A, 4 ¹	Marble Manor	Washington and H	Las Vegas	Clark	Nevada	89106	235
NV39-3B	Marble Manor Annex	N. MLK at Wyatt Ave.	Las Vegas	Clark	Nevada	89106	20
NV39-5	Archie Grant	1720/1721 Searles	Las Vegas	Clark	Nevada	89101	125
NV39-6A	Sherman Gardens Annex	909 Doolittle	Las Vegas	Clark	Nevada	89106	154
NV39-6B	Ernie Cragin Terrace	Valley & 28 th	Las Vegas	Clark	Nevada	89101	40
NV39-8	Harry Levy Gardens	2525 W. Washington	Las Vegas	Clark	Nevada	89106	150
NV39-9	Ernie Craigen Terrace	Bonanza & 28 th	Las Vegas	Clark	Nevada	89101	86
NV39-10	Ernie Craigen Terrace	Cedar & 28 th St.	Las Vegas	Clark	Nevada	89101	84
NV39-11	Ernie Craigen Terrace	Charleston & Honolulu	Las Vegas	Clark	Nevada	89104	54
NV39-12	James Down Towers	5000 Alta Dr.	Las Vegas	Clark	Nevada	89107	200
NV39-13	Ernie Craigen Terrace	Bonanza & Manning	Las Vegas	Clark	Nevada	89101	81
NV39-14	Sherman Gardens	1701 N. J St.	Las Vegas	Clark	Nevada	89106	80
NV39-15	Villa Capri	1801 N. J St.	Las Vegas	Clark	Nevada	89106	60

¹ Complexes are adjacent

NV39-21	Sartini Plaza	900 Brush St.	Las Vegas	Clark	Nevada	89107	220
NV39-22A	Vera Johnson Plaza A	1200 Harris Ave.	Las Vegas	Clark	Nevada	89101	76
NV39-22B	Vera Johnson Plaza B	505 No. Lamb Blvd.	Las Vegas	Clark	Nevada	89110	112
NV39-24	Aida Brents	2120 Vegas Dr.	Las Vegas	Clark	Nevada	89106	24
NV39-26, 31, 32	Scattered Sites ²	Multiple	Las Vegas	Clark	Nevada	Multiple	78 ³
NV39-46	Scattered Sites ⁴	Multiple	Las Vegas	Clark	Nevada	Multiple	156
NV39-46	Sartini Plaza Annex	5200 Alpine Place	Las Vegas	Clark	Nevada	89107	39
Total Units							2,074

² Scattered site units in Homeownership Program

³ Units unsold as of 7/2/04

⁴ Scattered site units remaining in the rental inventory as of January 2004

APPENDIX B

**HOUSING AUTHORITY OF THE CITY OF LAS VEGAS
PIH NOTICE 2003-31 (HA)**

APPENDIX C

HOUSING AUTHORITY OF THE CITY OF LAS VEGAS

**DRAFT REASONABLE ACCOMMODATION POLICY
AND**

SAMPLES OF REASONABLE ACCOMMODATION METHODS

PUBLIC HOUSING AUTHORITY
DRAFT REASONABLE ACCOMMODATION POLICY AND PROCEDURES

POLICY STATEMENT

HACLV is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of HACLV's programs, services and activities. Therefore, if an individual with a disability requires an accommodation such as an accessible feature or modification to a HACLV policy, HACLV will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program; or an undue financial and administrative burden. In such a case, the HACLV will make another accommodation that would not result in a financial or administrative burden.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

HACLV will post a copy of this Reasonable Accommodation Policy and Procedures in the Central Administrative Offices located in _____; the Regional Offices of the HACLV; the offices of HACLV's private management companies; and, the management office in each public housing development. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the HACLV's Section 504/ADA Coordinator.

LEGAL AUTHORITY

The HACLV is subject to Federal civil rights laws and regulations. This Reasonable Accommodation Policy is based on the following statutes or regulations. *See* Section 504 of the Rehabilitation Act of 1973 (Section 504)⁵; Title II of the Americans with Disabilities Act of 1990 (ADA)⁶; the Fair Housing Act of 1968, as amended (Fair Housing Act)⁷; the Architectural Barriers Act of 1968⁸, and the respective implementing regulations for each Act.

⁵ 29 U.S.C. § 794; 24 C.F.R. Part 8.

⁶ 42 U.S.C. §§ 12101 *et seq.*

⁷ 42 U.S.C. §§ 3601-20; 24 C.F.R. Part 100.

⁸ 42 U.S.C. §§ 4151-4157.

MONITORING AND ENFORCEMENT

The HACLV's Section 504/ADA Coordinator is responsible for monitoring HACLV's compliance with this Policy. Individuals who have questions regarding this Policy, its interpretation or implementation should contact HACLV's Section 504/ADA Coordinator in writing, by telephone, or by appointment, as follows:

Name of Section 504/ADA Coordinator

Address

Telephone Number

Dedicated Toll-Free Telephone Number

TDD/TTY Number – or State Relay Service Number

Facsimile Number

STAFF TRAINING

The Section 504/ADA Coordinator will ensure that all appropriate HACLV staff receive annual training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, state and local requirements regarding reasonable accommodation.

REASONABLE ACCOMMODATION

A person with a disability may request a reasonable accommodation at any time during the application process, residency in public housing, or participation in the Housing Choice Voucher Program of HACLV. The individual, HACLV staff or any person identified by the individual, must reduce all requests to writing.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

APPLICATION OF REASONABLE ACCOMMODATION POLICY

The Reasonable Accommodation Policy applies to individuals with disabilities in the following programs provided by the HACLV:

- (a) Applicants of public housing;
- (b) Applicants of all Housing Choice Voucher Programs;
- (c) Residents of public housing developments;
- (d) Participants of the Housing Choice Voucher Programs; and

- (e) Participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the HACLV, its agents or contractors including all non-housing facilities and common areas owned or operated by the HACLV.

PERSON WITH A DISABILITY

A person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. As used in this definition, the phrase “physical or mental impairment” includes:

- (a) Any physiological disorder or condition, cosmetic disfigurement, or 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
- (b) 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, mental retardation, emotional illness, drug addiction and alcoholism.

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

The definition of disability does not include any individual who is an alcoholic whose current use of alcohol prevents the individual from participating in the public housing program or activities; or whose participation, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others.

EXAMPLES OF REASONABLE ACCOMMODATIONS⁹

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

- (a) Making a unit, part of a unit or public and common use element accessible for the head of household or a household member with a disability who is on the lease;
- (b) Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- (c) Allowing a live-in aid to reside in an appropriately sized HACLV unit;

⁹ HACLV will also provide, as an attachment to the Reasonable Accommodation Policy, its “Examples of Reasonable Accommodations”, approved by the U.S. Department of Housing & Urban Development.

- (d) Transferring a resident to a larger size unit to provide a separate bedroom for a person with a disability;
- (e) Transferring a resident to a unit on a lower level or a unit that is completely on one level;
- (f) Making documents available in large type, computer disc or Braille;
- (g) Providing qualified sign language interpreters for applicant or resident meetings with HACLV staff; or at resident meetings;
- (h) Installing strobe type flashing lights and other such equipment for a family member with a hearing impairment;
- (i) Permitting an outside agency or family member to assist a resident or an applicant in meeting screening criteria or meeting essential lease obligations;
- (j) Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family; and
- (k) As a reasonable accommodation for a family member with a disability, approving a request for exception payment standard amounts under the Housing Choice Voucher Program in accordance with 24 C.F.R. §§ 8.28 and 982.504 (b)(2).

PROCESSING OF REASONABLE ACCOMMODATION REQUESTS

The HACLV will provide the “Request for Reasonable Accommodation”, (“Request Form”), attached hereto, to all applicants, residents or individuals with disabilities who request a reasonable accommodation. The Reasonable Accommodation Request Form includes various forms of reasonable accommodations as well as the general principles of reasonable accommodation.

Individuals may submit their reasonable accommodation request(s) in writing, orally, or by any other equally effective means of communication. However, the HACLV will ensure that all reasonable accommodation requests will be reduced to writing. If needed as a reasonable accommodation, the HACLV will assist the individual in completing the Request Form.

- (a) The HACLV will provide all applicants with the Request Form as an attachment to the HACLV application. The Request for Reasonable Accommodation Form must be provided in an alternative format, upon request.
- (b) Reasonable Accommodations will be made for applicants during the application process. All applications must be taken in an accessible location. Applications will be made available in accessible formats. HACLV will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.

- (c) HACLV will provide all residents with the Request Form during the annual re-certification, and upon request. The HACLV will provide the Request Form in an alternate form, upon request.
- (d) Residents seeking accommodation(s) may contact the housing management office, including office of private management companies acting on behalf of HACLV, within their housing development or the regional management office. In addition, residents may also contact the Section 504/ADA Coordinator's office directly to request the accommodation(s).
- (e) Within seven (7) business days of receipt, the housing management office, private management company or regional management office will forward the resident's reasonable accommodation request(s) to the Office of the Section 504/ADA Coordinator.
- (f) Within twenty (20) business days of receipt, the Office of the Section 504/ADA Coordinator, or the resident's regional or management office will respond to the Resident's Request.
- (g) If additional information or documentation is required, the Section 504/ADA Coordinator's office will notify the resident, in writing, of the need for the additional information or documentation. The Section 504/ADA Coordinator's Office will provide the resident with the "Request for Information or Verification Form" ["Request for Information"], a copy of which is attached. The written notification should provide the resident with a reply date for submission of the outstanding information or documentation.
- (h) Within thirty (30) business days of receipt of the request and, if necessary, all supporting documentation, HACLV will provide written notification to the resident of its decision to approve or deny the resident's request(s). Upon request, the written notification will be provided in an alternate format. A copy of the "Letter Denying Request for Reasonable Accommodation(s) and "Letter Approving Request for Reasonable Accommodation(s)" are attached.
- (i) If HACLV approves the accommodation request(s), the resident will be notified of the projected date for implementation.
- (j) If the accommodation is denied, the resident will be notified of the reasons for denial. In addition, the notification of the denial will also provide the resident with information regarding HACLV's HUD-approved Grievance Procedures.

- (k) All recommendations that have been approved by the ADA/504 Coordinator will be forwarded to the appropriate regional housing manager for implementation. All requests for reasonable accommodation that are approved by the regional housing manager will promptly be implemented or begin the process of implementation.

VERIFICATION OF REASONABLE ACCOMMODATION REQUEST

HACLV may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation Form. In addition, HACLV may request that the individual provide suggested reasonable accommodations.

The HACLV may verify a person's disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

However, the HACLV may not require individuals to disclose confidential medical records in order to verify a disability. In addition, the HACLV may not require specific details regarding the individual's disability. The HACLV may only request documentation to confirm the disability-related need(s) for the requested reasonable accommodation(s). The HACLV may not require the individual to disclose the specific disability(ies); or the nature or extent of the individual's disability(ies).

The following may provide verification of a resident's disability and the need for the requested accommodation(s):

- (a) Physician;
- (b) Licensed health professional;
- (c) Professional representing a social service agency; or
- (d) Disability agency or clinic.

Upon receipt, the resident's Property Manager, including private management companies operating on behalf of HACLV, will forward the recommendation, including all supporting documentation, to the HACLV's Section 504/ADA Coordinator within seven (7) days of receipt.

DENIAL OF REASONABLE ACCOMMODATION REQUEST(S)

Requested accommodations will not be approved if one of the following would occur as a result:

- (a) A violation of State and/or federal law;
- (b) A fundamental alteration in the nature of the HACLV public housing program;
- (c) An undue financial and administrative burden on HACLV;

- (d) A structurally infeasible alteration; or
- (e) An alteration requiring the removal or alteration of a load-bearing structural member.

TRANSFER AS REASONABLE ACCOMMODATION

HACLV shall not require a resident with a disability to accept a transfer in lieu of providing a reasonable accommodation. However, if a public housing resident with a disability requests dwelling unit modifications that involve structural changes, including, but not limited to widening entrances, rooms, or hallways, and there is a vacant, comparable, appropriately sized UFAS-compliant unit in that resident's project or an adjacent project, HACLV may offer to transfer the resident to the vacant unit in his/her project or adjacent project in lieu of providing structural modifications. However, if that resident rejects the proffered transfer or voucher, HACLV shall make modifications to the resident's unit unless doing so would be structurally impracticable or would result in an undue financial and administrative burden.

If the resident accepts the transfer, HACLV will work with the resident to obtain moving expenses from social service agencies or other similar sources. If that effort to obtain moving expenses is unsuccessful within thirty (30) days of the assignment of the dwelling unit, HACLV shall pay the reasonable moving expenses, including utilities fees and deposits. Nothing contained in this paragraph is intended to modify the terms of HACLV's Tenant and Assignment Plan and any resident's rights thereunder.

SERVICE OR ASSISTANCE ANIMALS

Residents of HACLV with disabilities are permitted to have assistance animals, if such animals are necessary as a reasonable accommodation for their disabilities. HACLV residents or potential residents who need an assistance animal as a reasonable accommodation must request the accommodation in accordance with the reasonable accommodation policy. Assistance animals are not subject to the requirements of HACLV's Pet Policy.

RIGHT TO APPEAL/GRIEVANCE PROCESS

- (1) The public housing resident may file a complaint in accordance with HACLV's HUD-approved Grievance Procedure following a formal determination by the HACLV's ADA/504 Coordinator.
- (2) The Housing Choice Voucher Program participant may file a complaint in accordance with HACLV's HUD-Approved Grievance Procedure following a formal determination by the HACLV's Section 504/ADA Coordinator.
- (3) A public housing or Housing Choice Voucher applicant may request an informal hearing or meeting to request consideration.

(4) A resident may, at any time, exercise their right to appeal a HACLV decision through the local HUD office or the U.S. Department of Justice. Individuals may contact the local HUD office at:

U.S. Department of Housing and Urban Development
HUB Office
Address
City/State/Zip Code
Telephone: ()
Facsimile: ()
TDD/TTY Number:

**PUBLIC HOUSING AUTHORITY
REQUEST FOR REASONABLE ACCOMMODATION**

You may utilize this form to request that the Public Housing Authority (HACLV) provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the HACLV's facilities, programs or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability".

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the property manager's office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact your local property management office or the HACLV's Section 504/ADA Coordinator.

Date of Request

Social Security Number

Name of Applicant/Resident/Participant

Telephone Number

Address

City/State/Zip Code

1. I am requesting the following reasonable accommodation(s): _____

2. I am requesting the reasonable accommodation(s) on behalf of: (name): _____

3. My reason(s) for requesting this reasonable accommodation: _____

4. A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development]. The Public Housing Authority will work with you to determine how to fulfill your reasonable accommodation request. The Public Housing Authority may require documentation to support your reasonable accommodation request(s). Please indicate which option you prefer:

- I wish to have modifications made to my current unit only
- I would consider moving to a unit that is currently modified, but only within my current development
- I would consider moving to a unit that is currently modified, even in another development

Signature of Applicant/Resident/Participant

Date

**PUBLIC HOUSING AUTHORITY
VERIFICATION OF DISABILITY**

Name: _____

Date: _____

Address: _____

Dear Resident/Applicant:

You have indicated that you, or a member of your household, need a reasonable accommodation because of a disability in connection with a Public Housing Authority residence, facility, program or service. A physician, licensed health care professional, or a professional representing a social service agency or disability agency or clinic may verify this information.

Please take this letter and the enclosed pre-addressed envelope to your health care provider or other appropriate individual, clinic or agency.

The Public Housing Authority will use this information to evaluate your request for a reasonable accommodation. The Public Housing Authority will keep this information confidential. If you choose not to authorize the release of this information, we may not be able to consider your reasonable accommodation request(s).

MODIFICATION/ACCOMMODATION REQUESTED:

**PUBLIC HOUSING AUTHORITY
AUTHORIZATION FOR RELEASE OF INFORMATION**

RE: Household member with disability: _____

I hereby authorize the release of information to the Public Housing Authority regarding the request for reasonable accommodation described on this form. This release shall constitute a limited authorization for the release of information, as described below.

I hereby authorize **Insert name of health care provider or other appropriate documenting authority** to consult with representatives of the Public Housing Authority, in writing, in person, or by telephone concerning the physical or mental impairment(s) that I assert to qualify as a individual with a disability for the sole purpose of this reasonable accommodation request.

For purposes of this Release, a “Qualified Individual With a Disability” is defined as a person who has a physical or mental impairment that:

1. Substantially limits one or more major life activities
2. Has a record of such an impairment
3. Is regarded as having an impairment

“A Physical or Mental Impairment” is defined as:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems including, but not limited to: neurological, musculoskeletal, special sense organs, respiratory, and speech organs; **or**
2. 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 visual, speech and hearing impairments, epilepsy, multiple sclerosis, cancer, etc.

“Major Life Activities” include functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

“Has a Record of Such an Impairment (mental or physical)” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

“Is Regarded As Having an Impairment” means:

1. Has a physical or mental impairment that does not substantially limit one or more major life activities, **but** is treated by a recipient as constituting such a limitation.
2. 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 the impairment.
3. Has none of the impairments defined by Section 504’s definition of “physical or mental impairment, **but** is treated by a recipient as having such an impairment.

In addition, I authorize **[Insert name of health care provider or other appropriate documenting authority]** to provide only documentation that is necessary to verify that I meet the definition of a “Qualified Individual with a Disability”, as defined above.

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

1. Documentation necessary to verify that the person meets the definitions noted above;
2. A description of the needed accommodation; and,
3. A description of the identifiable relationship between my disability and the requested accommodation(s).

This Authorization For Release of Information should only seek information that is necessary to determine if the requested reasonable accommodation is needed because of a disability.

This Authorization does **not** authorize the Public Housing Authority to examine my medical records, including diagnosis or test result(s); nor does this authorize the release of detailed information about the nature or severity of my disability.

The information/documentation released as a result of this Authorization shall be kept confidential and not shared with anyone unless required to make or assess a decision to grant or deny a reasonable accommodation request.

Name of Family Member/Parent/Legal Guardian [Print]

Signature

Relationship to Resident

Date

PLEASE PROVIDE THE FOLLOWING INFORMATION:

(1) Name of Health Care Provider/Documenting Authority:

(2) Address of Health Care Provider/Documenting Authority:

(3) Telephone Number of Health Care Provider/Documenting Authority:

(4) Facsimile Number of Health Care Provider/Documenting Authority:

**PUBLIC HOUSING AUTHORITY
REQUEST FOR REIMBURSEMENT**

Remember to attach a completed “Request for Reasonable Accommodation” to this Request for Reimbursement

To Resident:

You should use this form if you made changes, at your expense, to your dwelling unit to accommodate the needs of a household member with a disability. You may be entitled to reimbursement for the expenses you incurred as a result of the modifications.

Please complete this form to report all changes you made to your unit, including the costs of those changes. Please also attach copies of any receipts or other verification of the changes you made to your unit and the expenses you incurred.

You must also complete and attach the “Request for a Reasonable Accommodation” in order to document that you or a household member is a qualified individual with a disability and needed the changes to the unit as a result of the disability.

Name of Resident Seeking Reimbursement: _____
Please Print

Property Name: _____

Address: _____

Name of Household Member with a Disability: _____

Please list all reasonable accommodation changes you made to your unit: _____

Please list all costs you incurred for each change you made to your unit: [Please attach all receipts or other verifications.] _____

Please remember that only modifications that you made as a result of the needs of you or a member of your household with a disability will be considered for reimbursement.

Thank you.

**PUBLIC HOUSING AUTHORITY
APPROVAL OF REQUEST FOR REASONABLE ACCOMMODATION**

Date: _____

To: **[Provide Applicant/Resident's Name & Address]**

Dear Applicant or Resident:

We have received and approved your request for reasonable accommodation. Specifically, you requested **[describe specific accommodation request(s)]**.

- _____ We will provide you with the requested accommodation(s) by **[date]**.
- _____ Although we have approved your request, we will not be able to complete your accommodations until **[date]** due to **[describe the reason(s) for the delay.]**

If you have any questions regarding this matter, please contact this office **[provide contact information]**.

If you think that this change or modification is not what you requested; if this is unacceptable; or, if you object to the length of time it will take to provide your request, you may contact the Public Housing Authority Section 504/Coordinator at **[provide name, address, telephone number of Section 504/ADA Coordinator.]**

In addition, you may exercise your right to appeal a HACLV decision through your local HUD office or the U.S. Department of Justice. You may contact the local HUD office at:

U.S. Department of Housing and Urban Development
HUB Office
Address
City/State/Zip Code
Telephone: ()
Facsimile: ()
TDD/TTY Number:

Sincerely,

Name/Title
Public Housing Authority

**PUBLIC HOUSING AUTHORITY
DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION**

Date: _____

To: **[Provide Applicant/Resident’s Name & Address]**

Dear Applicant or Resident:

We have received your request for reasonable accommodation. Specifically, you requested **[describe specific accommodation request(s)]**. Following our review of your request, we have denied your request for the following reason(s):

- _____ You do not meet the definition of a “qualified individual with a disability” as explained in the “Reasonable Accommodation Policy” and, therefore, we are not required to provide you with a reasonable accommodation.

- _____ We have determined that your request is not “reasonable” for the following reasons: **[describe specific basis for unreasonable determination]** _____

- _____ Your requested accommodation is structurally infeasible for the following reasons: **[describe reasons for structural infeasibility determination.]** _____

- _____ Your requested accommodation would result in a fundamental alteration in the nature of our program for the following reasons: **[describe reasons for fundamental alteration determination.]** _____

- _____ Your requested accommodation would result in an undue financial and administrative burden for the HACLV for the following reasons: **[describe reasons for undue financial and administrative burden determination.]** _____

Although we were unable to approve your specific reasonable accommodation request(s), we would like to meet with you to discuss an equally effective accommodation that may meet your needs. You may bring a friend, advocate or attorney with you to meet with us. We would like to meet with you on **[insert date, time and location, including address, of proposed meeting.]** If you are unable to meet with us at this scheduled time, please contact our office at **[provide office telephone number]** to reschedule a mutually convenient date and time for the meeting.

If you disagree with our decision, you may contact Public Housing Authority Section 504/Coordinator at **[provide name, address, telephone number of Section 504/ADA Coordinator.]**

In addition, you may exercise your right to appeal a HACLV decision through your local HUD office or the U.S. Department of Justice. You may contact the local HUD office at:

U.S. Department of Housing and Urban Development
HUB Office
Address
City/State/Zip Code
Telephone: ()
Facsimile: ()
TDD/TTY Number:

Sincerely,

Name/Title
Public Housing Authority

<p style="text-align: center;">PUBLIC HOUSING AUTHORITY EXAMPLES OF REASONABLE ACCOMMODATION METHODS</p>
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The following list of reasonable accommodation methods are examples of modifications that may constitute reasonable accommodations for individual HACLV residents. These accommodations may not necessarily be “reasonable” for all individuals. In addition, each accommodation may not be available to every resident in every unit and/or in every development.

Section 504 states that the design, construction or alteration of buildings in conformance with §§ 3-8 of the Uniform Federal Accessibility Standards (UFAS), Appendix A to 24 C.F.R. § 40, shall be deemed to comply with the requirements of 24 C.F.R. §§ 8.21; 8.22; 8.23 and 8.25. However, the UFAS citations noted below are provided as a reference to assist in providing a reasonable accommodation and are not intended to govern every request for a modification. In order to meet the individual’s specific disability-related need(s), the HACLV may need to deviate from the UFAS. In addition, the reference to a UFAS section does not require all elements in that section to be made accessible. Rather, only the specific reasonable accommodation item requested is required to be accessible per the needs of the individual requesting the reasonable accommodation.

However, some modifications may not be structurally feasible in all units or all developments; in addition, some modifications may represent an undue financial and administrative burden. In such situations, the requirement to provide a reasonable accommodation is not alleviated, but must be provided by some other means such as transferring a family with a disabled member to a unit/development where the reasonable accommodation can be provided; or, offering a Housing Choice Voucher if such a unit would address the reasonable accommodation(s) requested. Nevertheless, HACLV will work with each qualified resident with a disability who requests a reasonable accommodation in order to identify a reasonable, effective and appropriate accommodation.

Common Areas¹⁰ -

- Add edge protection to ramps and ramp landings with drop-offs
- Widen doors
- Provide accessible, lever-type door hardware
- Re-hang door to lay flat against a wall when opened
- Re-hang door to swing outward instead of into the accessible space
- Provide accessible or adjustable closet rods and shelves
- Provide lever faucets in public restrooms
- Provide grab bars in public restrooms
- Provide accessible toilets in public restrooms
- Lower mirrors in public restrooms
- Provide extra electrical outlets for TDD/TTY equipment

¹⁰ Common Areas include, but are not limited to: HACLV offices, including management and regional offices; private management company offices; community room; senior center; meeting room; mail room; laundry room; trash disposal; and, day care facilities.

- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Provide visual alarms for individuals who are deaf or hard of hearing
- Provide accessible cabinets and countertops in public kitchens
- Provide accessible appliances [i.e., refrigerator, oven, stove] in public kitchens

Elevators¹¹ -

- Elevators shall be located on an accessible route
- Residential or fully enclosed wheelchair lifts may be used, when appropriate, and when approved by local administrative authorities. *See* UFAS §§ 4.10.1; 4.11

Building Entrances and Accessible Routes¹² -

- Accessible signage;
- Add edge protection to ramps and ramp landings with drop-offs
- Widen doors
- Provide accessible, lever-type door hardware
- Re-hang door to lay flat against a wall when opened
- Re-hang door to swing outward instead of into the accessible space
- Add or adjust door closures
- Provide lever faucets in public restrooms
- Provide grab bars in public restrooms
- Provide accessible toilets in public restrooms
- Lower mirrors in public restrooms
- Provide extra electrical outlets for TDD/TTY equipment
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Provide visual alarms for individuals who are deaf or hard of hearing
- Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments
- Provide an accessible route into a building

¹¹ Accessible elevators shall be on an accessible route and shall comply with UFAS § 4.10 and with the American National Standard Safety Code for Elevators, Dumbwaiters, Escalators and Moving Walks, ANSI A17.1-1978 and A17.1a-1979. *See* UFAS § 4.10; Figures 20, 22 and 23. An “accessible route” is a continuous, unobstructed UFAS-compliant path as prescribed in 24 C.F.R. §§ 8.3 and 8.32 and UFAS § 4.3.

¹² At least one (1) accessible route complying with UFAS § 4.3 shall be provided within the boundary of the site from public transportation stops, accessible parking spaces, passenger loading zones, if provided, and public streets or sidewalks to an accessible building entrance. *See* UFAS §§ 4.1.1(1); 4.3. In addition, UFAS requires that at least one (1) accessible route complying with UFAS § 4.3 shall connect accessible building or facility entrances with all accessible spaces and elements within the building or facility. *See* UFAS §§ 4.1.2(1); 4.3.

Trash Disposal Facilities –

- Provide accessible route into and through trash disposal facilities; or, provide an equally-effective accommodation such as personal trash disposal by housing staff

Laundry Facilities -

- Provide accessible route into and through common-use laundry facilities. Provide at least one (1) front loading washer and one (1) front-loading dryer in public-use laundry facilities¹³; or, provide an equally effective accommodation such as the provision of a front-loading washer and dryer in resident’s unit; or, provision of laundry services at HACLV’s expense

Mail Delivery/Mail Boxes -

- Provide accessible route into and through mail boxes/mail facilities. Provide mailbox at lower height, upon request; or, provide equally effective accommodation such as home delivery.¹⁴

Apartment Entrance and Interior Doors –

- Widen doors
- Provide accessible, lever-type door hardware
- Re-hang door to lay flat against a wall when opened
- Re-hang door to swing outward instead of into the accessible space
- Add or adjust door closure speed
- Adjust door opening force required for pushing/pulling the door
- Provide lower peep holes or “telescoped” peep holes
- Provide a visual door knocker for individuals with hearing impairments
- Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments
- Provide ramp from accessible route to accessible entrance into unit

¹³ If laundry equipment is provided within individual dwelling units, or if separate laundry facilities serve one or more accessible dwelling units, then they shall meet the requirements of UFAS §§ 4.34.71 through 4.34.7.3.

¹⁴ “Cluster boxes”, common in multi-family housing developments, are routinely placed in sequential order. However, if a customer is unable to access his/her mailbox due to a disability, the customer may submit a request under the U.S. Postal Service’s “Hardship Clause” and request the relocation of the mailbox to a lower, accessible level. According to § 631.42 of the U.S. Postal Service “Postal Operations Manual”, the customer submits the “Hardship Clause” request directly to his/her postal delivery person; the delivery person then submits the request to his/her manager. The manager evaluates the individual request and takes appropriate action. If the postal service is unable to relocate the mailbox, the postal service may provide an alternate accommodation such as door delivery.

Apartment Light Switches & Electrical Outlets

- Lower electrical switches and/or raise electrical outlets¹⁵
- Provide extra electrical outlets for TDD/TTY equipment or other equipment utilized by individuals with disabilities
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Lower thermostat controls
- Lower circuit breakers, when located in unit

Apartment Interior -

- Provide extra electrical outlets for TDD/TTY equipment or other equipment utilized by individuals with disabilities
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Provide visual and audible alarms for individuals who are deaf or hard of hearing; and, provide visual alarms in each room of unit¹⁶
- Provide windows which requires five pounds or less of opening force; provide crank type opening mechanism with large levers, when feasible
- Provide accessible storage spaces, including lowering clothes rods and/or adjustable closet shelves. Accessible storage spaces shall comply with UFAS § 4.25; Fig. 38

Apartment Kitchens¹⁷ -

- Lower kitchen sink
- Provide lever type hardware on kitchen faucet
- Provide accessible kitchen cabinets; provide accessible hardware on kitchen cabinets
- Provide accessible kitchen counters and work space

If the following items are provided to non-disabled residents in a development:

- Provide accessible refrigerators. *See* UFAS § 4.34.6.8
- Provide accessible ovens. *See* UFAS § 4.34.6.7
- Provide accessible dishwashers. *See* UFAS § 4.34.6.9

¹⁵ The highest operable part of all controls, dispensers, receptacles, and other operable equipment shall be placed within at least one of the reach ranges specified in §§ 4.2.5 and 4.2.6. Except where the use of special equipment dictates otherwise, electrical and communications system receptacles on walls shall be mounted no less than 15” above the finish floor. *See* UFAS § 4.27.3

¹⁶ If emergency warning systems are provided, they shall include both audible alarms complying with UFAS § 4.28.2 and visual alarms complying with UFAS § 4.28.3. *See* UFAS § 4.1.2 (13)

¹⁷ Accessible or adaptable kitchens and their components shall be on an accessible route and shall comply with the requirements of UFAS § 4.34.6. However, the HACLV will not be required to make all elements of the kitchen accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible kitchen elements.

Apartment Bathrooms ¹⁸ -

- Provide wider door
- Provide lever type hardware on lavatory faucet
- Lower wash basin
- Lower mirror
- Provide accessible toilet
- Relocate toilet paper dispenser
- Provide grab bars at toilet
- Provide grab bars at bathtub and/or shower
- Provide seat in bathtub or shower
- Provide hand-held shower device
- Relocate bathtub and/or shower controls
- Provide roll-in shower or shower/bathtub seat

¹⁸ Accessible or adaptable bathrooms shall be on an accessible route and shall comply with UFAS § 4.34.5. However, the HACLV will not be required to make all elements of the bathroom accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible bathroom elements.

APPENDIX D

HOUSING AUTHORITY OF THE CITY OF LAS VEGAS

DRAFT EFFECTIVE COMMUNICATION POLICY

HOUSING AUTHORITY OF THE CITY OF LAS VEGAS

DRAFT EFFECTIVE COMMUNICATION POLICY

It is the policy of the Housing Authority of the City of Las Vegas (HACLV) to ensure that communications with applicants, residents, employees, and members of the public with disabilities are as effective as communications with others.

HACLV, including its employees, agents, contract employees, and management companies/agents, shall furnish appropriate auxiliary aids and services, where necessary, to afford individuals with disabilities, including individuals with hearing or visual disabilities, an equal opportunity to participate in, and enjoy the benefits of, the programs, services and activities conducted by the HACLV.

AUXILIARY AIDS AND SERVICES:

"Auxiliary aids and services" include, but are not limited to: (1) qualified sign language interpreters, note-takers, transcription services, written materials, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunications devices for deaf persons (TDDs), videotext displays, or other effective methods of making aurally delivered materials available to individuals with hearing impairments; and, (2) qualified readers, taped texts, audio recordings, Brailled materials, large print materials, or other effective methods of making visually delivered materials available to individuals with visual impairments.

REQUEST FOR EFFECTIVE COMMUNICATION:

When an auxiliary aid or service is required to ensure effective communication, the HACLV will provide an opportunity for an individual with a disability to request the auxiliary aid or service of his or her choice. The HACLV will give primary consideration to the choice expressed by the individual. "Primary consideration" means that the HACLV will honor the choice, unless it can show that another equally effective means of communication is available; or, that use of the means chosen would result in a fundamental alteration in the nature of its service, program, or activity or in an undue financial and administrative burden.

The individual will submit his/her request for auxiliary aids or services to the appropriate HACLV official designated below. All requests shall be dated and time-stamped upon receipt by the appropriate HACLV official.

Within forty-eight (48) hours of receipt of the individual's request, the designated HACLV official will consult with the individual with the disability when the preferred type of auxiliary aid or service is not available or not required, and the official is

attempting to ascertain whether an alternative means of communication will ensure effective communication.

Within five (5) business days following receipt of the effective communication request(s), the designated HACLV official will provide the requesting individual with a written notification of the proposed auxiliary aid or service to be provided.

The Section 504/ADA Coordinator will maintain copies of all requests for effective communication and the HACLV's response, including final disposition, for the duration of this Agreement.

Individual requests for Effective Communication will be directed to the following HACLV officials:

Resident Requests:

HACLV resident requests for auxiliary aids or services should be made to the Property Manager at the resident's development.

Applicant Requests:

Applicants for HACLV housing should make requests for auxiliary aids and services to the HACLV's Effective Communications Coordinator. The HACLV's Effective Communications Coordinator shall report directly to the HACLV's Section 504/ADA Coordinator.

Other Requests:

Requests from members of the public who wish to participate in programs, services and/or activities of the HACLV shall submit their request(s) for auxiliary aids and services to the HACLV's Effective Communication Coordinator. The HACLV's Effective Communications Coordinator shall report directly to the HACLV's Section 504/ADA Coordinator.

However, individuals with disabilities who request auxiliary aids or services for public events such as public hearings, Board hearings, public meetings, etc., shall make their requests no later than forty-eight (48) hours prior to the event.

GRIEVANCE PROCEDURES:

If the requesting individual with a disability is not satisfied with the HACLV's response to the individual's request(s) for an auxiliary aid or service, the individual may file a formal grievance, including appropriate supporting documentation, if any, with the HACLV's Section 504/ADA Coordinator. The grievance may be communicated orally or in writing. However, all oral grievances must be reduced to writing and maintained in the HACLV's files. In addition, the HACLV shall provide assistance to any individual

who requests assistance in filing a grievance, including assistance in reducing the individual's grievance to writing. All grievances shall be dated and time-stamped.

Within seventy-two (72) hours of receipt, the HACLV's Section 504/ADA Coordinator will respond to the individual's grievance.

The Section 504/ADA Coordinator will provide his/her formal decision, in writing, within ten (10) business days after receipt of the grievance.

If the individual is dissatisfied with the HACLV's Section 504/ADA Coordinator's determination, the individual may pursue remedies under the HACLV's HUD-approved Grievance Procedures.

APPENDIX E
HOUSING AUTHORITY OF THE CITY OF LAS VEGAS
DRAFT EMERGENCY PROCEDURES

HOUSING AUTHORITY OF THE CITY OF LAS VEGAS

DRAFT EMERGENCY PROCEDURES

Communication with and Assistance to Mobility-Impaired Residents And Residents on Life-Sustaining Equipment

PURPOSE

To establish methods for communicating with and assisting residents of housing owned and operated by the Housing Authority of the City of Las Vegas (HACLV) who have mobility impairments or are dependent on life-sustaining equipment during specific emergencies that would have an adverse impact on those residents.

OBJECTIVE

In order to preserve the quality of life, HACLV's emergency response plan is based on delivery of services to at-risk HACLV residents. An at-risk resident shall be defined as a resident who through age, medical infirmity, or disability may have his or her life affected by the total disruption of public utilities and telecommunications services. It is the objective of the procedures to provide these at-risk residents with immediate response.

TELECOMMUNICATION INTERGRATION OF HACLV AND LOCAL FIRE & POLICE DEPARTMENTS

A disruption of City of Las Vegas's telephone service can affect emergency and normal calls for police services. In order to coordinate a communications point-of-contact of mutual public safety issues with the local police and fire departments, designated HACLV patrols (car, bike, foot) will be deployed to check on the welfare of identified at-risk HACLV residents.

IDENTIFICATION OF AT-RISK RESIDENTS

HACLV Property Managers must maintain accurate and up-to-date data identifying all residents who have mobility impairments and all residents who utilize life-sustaining equipment.

HACLV will gather this data from residents on the Resident Emergency Information Sheet. The Resident Emergency Information Sheets will be maintained confidentially in HACLV's files. In addition, the Resident Emergency Information Sheets will be released only to appropriate HACLV employees, contract employees and/or agents for purposes of coordination of HACLV's Emergency Procedures. HACLV Property Managers at each public housing property will provide the Office of Public Safety with the information on all at-risk residents. The listings of at-risk residents will be separated by development and forwarded to each HACLV Police Commander. The HACLV Police Commander

shall designate his/her regional police officers to coordinate responses with local police and fire departments should an incident dictate such a response.

PROTOCOL FOR RESPONDING TO REQUESTS RECEIVED CONCERNING THE WELFARE OF AT-RISK HACLV RESIDENTS

It is anticipated that during an emergency the HACLV will receive numerous requests from relatives and friends to check on the welfare of at-risk residents. The following policy and procedures are established for officials, sworn police officers, special police officers, and resident monitors relating to HACLV's response to a request from a concerned party regarding the welfare of a resident.

Police Officers and Special Police Officers

Requests received during normal HACLV business hours:

If a request is received during normal working hours of the HACLV, the police officer or special police officer shall contact the appropriate HACLV Property Manager. The Property Manager can assist the police officer or special police officer in his or her investigation regarding the resident's welfare.

Requests received outside of business hours of the HACLV:

1. If a request is received outside of business hours, the police officer shall attempt to contact the resident by telephone. If the police officer receives no response by telephone, the police officer shall go to the resident's apartment in an effort to contact the resident. Should the police officer contact the resident, the police officer shall inform the resident of the third-party inquiry and request that the resident contacts the concerned party. Should the resident not wish to speak with the concerned party, the police officer shall contact the concerned party, only reporting that the resident was advised of the concerned party's inquiry.
2. If the police officer receives no answer either by phoning or visiting the resident, the police officer shall then contact the HACLV Watch Commander regarding the request. The police officer shall explain to the Watch Commander the nature of the third party request. If the Watch Commander authorizes entry, the police officer shall contact one of the building's Resident Custodians or the Property Manager who can assist the police officer with entry into the resident's unit.
3. Upon gaining entry into the unit, the police officer shall first announce his or her presence and authority, i.e., "Housing Authority of the City of Las Vegas Housing Police, Officer Smith; Ms. Miller are you, ok?" If the police officer receives no answer, the police officer shall announce his or her presence in every room of the unit. If the police officer receives an answer at the door, the police officer shall not enter the apartment without the permission of the resident. Should the resident be in

some type of medical distress, the police officer shall immediately summon medical assistance.

4. The police officer shall report his or her circumstances of entry into the resident's unit on an Incident Report; one (1) copy shall be forwarded to the Property Manager and one (1) copy shall be delivered to HACLV's Central Office. The Incident Report shall be attached to the Watch Commander's report.

HACLV Resident Monitors

Requests received during normal business hours:

If a request is received during normal working hours of the HACLV, the Resident Monitor shall contact the appropriate Property Manager. The Property Manager may contact the HACLV Watch Commander if police assistance is required.

Requests received outside of normal business hours of the HACLV:

If a request is received outside of business hours of the HACLV, the Resident Monitor shall contact the HACLV Watch Commander by page: (702) XXX-XXXX. The Resident Monitor shall provide the name and telephone number of the concerned party. The Resident Monitor's responsibilities shall be concluded at this stage. Resident Monitors have no legal authority to enter any resident's unit.

HACLV Watch Commander and other HACLV officials

Normal business hours of the HACLV:

Upon receiving a request to assist a HACLV Property Manager, the HACLV Watch Commander shall provide the Property Manager with all reasonable assistance.

Non-business hours of the HACLV:

1. Upon receiving a request to check on the welfare of a resident, the HACLV Watch Commander shall check the HACLV resident roster of the involved property to ascertain if in fact the party in question is a resident of the HACLV. If no roster is available, the Watch Commander shall contact the Property Manager through the HACLV Central Office at (702) XXX-XXXX.
2. Once the resident's residency is established, the HACLV Watch Commander shall ensure that all above procedures are followed.

Nothing in these guidelines shall preclude HACLV personnel from summoning the local fire department for forcible entry when a medical emergency is occurring and where entry must be made expeditiously. If it becomes necessary to remove a resident from a

unit, any HACLV employee shall direct emergency personnel with appropriate equipment to the affected resident.

I. EVACUATION AND FIRE SAFETY PLAN

HACLV shall maintain an Evacuation and Fire Safety Plan for each public housing development. The Plan shall include: (i) emergency telephone numbers, (ii) building floor plans; (iii) listings of at-risk HACLV residents; (iv) specific evacuation plan for persons with disabilities; (v) building/resident fire safety information; and, (vi) the information regarding the local fire department's evacuation procedures.

II. CITY OF LAS VEGAS'S OFFICE OF EMERGENCY PREPAREDNESS

The HACLV shall designate a Special Projects Coordinator as the agency's representative for emergency services to the City of Las Vegas government. Request for services to address the particular emergency at hand such as water, food, first-aid supplies, medications, clothing and bedding and any special items for infants, elderly or disabled family members shall be made by the HACLV Police Regional Commander to the Special Projects Manager through the HACLV Central Office.

Should evacuation of a building or a property be ordered, Regional Commanders shall follow emergency fire evacuation procedures of the HACLV. The HACLV official placed in charge of the evacuation shall ensure that staging area(s) are prepared for vehicular ingress and egress of emergency or HACLV vehicles. The official shall be designated as the Incident Commander until the arrival of the HACLV's Regional Police Commander.

III. MEDIA AND RESIDENT INFORMATIONAL REQUESTS

It is the policy of the HACLV that the HACLV's Office of Public Affairs handles all requests by local media. Should the media request that a HACLV employee provide information regarding HACLV's deployment of personnel during an emergency, the HACLV employee shall refer the media representative(s) to the HACLV's Office of Public Affairs at (702) XXX-XXXX. HACLV employees should advise residents that appropriate HACLV emergency personnel and HACLV staff are addressing the current situation.

IV. EMERGENCY PROTOCOL FOR RESIDENTS ON LIFE SUSTAINING EQUIPMENT

Residents on Life Sustaining Equipment will be notified individually of any planned interruption of electrical service to their unit or their building at least twenty-four (24) hours in advance. For unplanned interruptions of service, residents on life sustaining equipment should first call 911 for immediate assistance, then the HACLV Central Office for Emergency Matters, in which case if evacuation is required the procedures under Section I. above shall apply.

APPENDIX F

**HOUSING AUTHORITY OF THE CITY OF LAS VEGAS
UNIFORM FEDERAL ACCESSIBILITY STANDARDS (UFAS)
and
ADA STANDARDS FOR ACCESSIBLE DESIGN
(ADA STANDARDS)**