



## Request for Reasonable Accommodations and Modifications

### **Purpose**

Rose Community Management (RCM) will handle all requests for reasonable accommodations and/or modifications consistently and in full compliance with the Fair Housing Amendments Act of 1988 (FHAA) to reduce the risk of legal penalties resulting from discrimination claims.

### **Policy**

- RCM treats all people equally with no difference in the terms or conditions in the rental of housing and does not deny equal housing opportunity.
  - RCM is prohibited from dismissing or denying any request for a reasonable accommodation or reasonable modification without undergoing the complete verification process upon an applicant's or a resident's request for a reasonable accommodation or modification.
- We are committed to ensuring that our policies and procedures do not discriminate on the basis of disability.
  - If an individual with a disability requires an accommodation, such as an accessible feature or change to Rose Community Management, LLC (RCM) policy, RCM will provide such accommodation or modification unless doing so would result in a fundamental alteration in the nature of the housing or an undue financial and administrative burden.
  - In such cases, RCM will make another accommodation or modification that would not result in a financial or administrative burden.
- A reasonable accommodation is a change, modification, alteration, or adaptation in policy, procedure, practice, rules, or services that provides a qualified individual with a disability the opportunity to participate in, or benefit from, housing or non-housing activities.
- A reasonable modification is a structural modification to a home or common areas.
- A person with a disability may request a reasonable accommodation or modification at any time during the application process or residency.
  - RCM encourages written requests for an accommodation or modification, yet will accept verbal requests.
- Reasonable accommodation or modification methods or actions that may be appropriate for a particular individual may be found to be inappropriate for another individual.
  - The decision to approve or deny a request for a reasonable accommodation or modification 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 housing or non-housing activity.
- The Regional Manager or Regional Vice President will review and recommend approval or denial of the request.
  - The Section 504 Coordinator (Director of Compliance) will review any denial to validate and finalize the decision.
- See Parking Policy for People with Disabilities for parking-related accommodations and Assistance Animals for animal-related accommodations.
- Consult local counsel regarding nonroutine, complex, or complicated requests, especially if accessibility is requested.

### **Definition of Reasonable Accommodation**

- Federal/state laws and regulations require that a person with disabilities receive a reasonable accommodation (nonstructural change) to provide that person with full use and enjoyment of the home and common areas.
- A reasonable accommodation requires reasonable changes in the method of administering rules, procedures, practices, services delivered, or lease requirements. Examples of requests for reasonable accommodations include but are not limited to:
  - An apartment with special accessibility features

- A therapeutic pet or assistance animal or waiver of the pet security deposit and/or fee (if pets are not allowed; requires healthcare provider verification)
- Auxiliary aids, assistive devices such as tactile signs for the visually impaired, and special alarms such as visual doorbells for the hearing impaired
- A transfer to a more accessibly located home, such as one near an elevator or a first-floor home
- Ramp and curb cuts to remove barriers
- Strobe-type flashing lights and other such equipment for a family member with a hearing impairment
- Permission for an outside agency or family member to assist an applicant to meet admission standards or to help a resident meet the essential terms of the lease, rules and regulations, and/or Community or Resident Handbook/House Rules
- "Economic" accommodations, such as waivers of parking fees, or insurance requirements and changes to financial requirements
  - Exception: Federally assisted communities must pay for accommodations and modifications under Section 504 requirements.
- The cost for the reasonable accommodation will be paid by the applicant/resident.
  - Exception: Federally assisted or funded communities must pay for accommodations and modifications under federal Section 504 requirements.

### **Definition of Reasonable Modification**

- Certain federal and/or state laws and regulations require that a person with disabilities be allowed a reasonable modification of their current home to afford such persons full access to and use of the housing program.
- A reasonable modification may include structural changes or modification to housing and non-housing facilities.
- A structural change involves a substantial modification to a structural part or doorway, such as widening of doorways.
- The cost for the reasonable modification (structural modification) will be paid by the applicant/resident.
  - Exception: Federally assisted or funded communities must pay for accommodations and modifications under federal Section 504 requirements.

### **Definition of a Person With a Disability**

- The preferred term is "disability"; however, a few fair housing laws use the terms "handicap" and "disability" interchangeably.
- A person with a disability, as defined by the Federal Fair Housing Act, is an individual who has a physical or mental impairment that substantially limits one or more major life activities.
- For the purposes of this policy, "physical or mental impairment" includes:
  - 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; genitourinary; 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 visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotional illness, drug addiction, and alcoholism.
- The definition of disability does not include any individual who is an alcohol abuser or drug abuser whose current use of alcohol or drugs would constitute a direct threat to property or the safety of others. The definition does protect alcohol abusers who are being treated or have received treatment for their alcoholism or drug addiction.
- "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, and learning.

### **Procedure**

1. When a resident, applicant, or someone on behalf of a resident/applicant makes a verbal or written request for a reasonable accommodation or modification, provide the resident/applicant with a Request for Reasonable Accommodation form. If the resident/applicant is unable or does not wish to complete the Request for Reasonable Accommodation form, management should complete the form on behalf of the resident/applicant to clearly state the intended reasonable accommodation or modification requested.

2. When a resident or applicant makes a request for reasonable accommodation for a reserved parking space, see Parking Policy For People with Disabilities.
3. Record all activity on the Reasonable Accommodation/Modification Log. See Reasonable Accommodation/Modification Logs.
  - a. The log should be updated within three days of receipt of the request.
4. The Community Manager will send an Under Consideration Letter within three days of receipt of the request.
  - a. Mail or hand-deliver the original letter to the resident or applicant.
  - b. File a copy in the resident or applicant file.
5. Unless the resident/applicant submits a healthcare provider certification with the required information, or the resident or applicant has an obvious impairment, send (via email or fax) the following to the resident/applicant's healthcare provider:
  - a. Request for Reasonable Accommodation
  - b. Authorization for Release of Information for Reasonable Accommodation or Modification Request form
  - c. Certification of Need for Reasonable Accommodation and Third-Party Verification form
  - d. Healthcare Provider Cover Letter
6. If the healthcare provider is not responsive within 14 days, send a copy of the Nonresponsive Healthcare Provider Letter to them and forward a copy to the resident/applicant.
  - a. This notifies the resident/applicant of the delay in verification and provides the opportunity for them to contact the provider.
  - b. If the provider is still not responsive in five business days, send the full packet to the 504 Coordinator (Director of Compliance).
7. Once the Certification of Need for Reasonable Accommodation and Third-Party Verification form is returned, make a copy of all forms (Request for Reasonable Accommodation, Authorization for Release of Information for Reasonable Accommodation or Modification Request form, Certification of Need for Reasonable Accommodation, and Third-Party Verification form) and any additional documentation received from the healthcare provider and place in your 504-RA binder. The Community Manager will also:
  - a. Email a scanned copy of this packet to the appropriate Regional Manager, Regional Vice President/Director of Operations, and the 504 Coordinator (Director of Compliance) for review.
    - This should be emailed within three business days of receipt of the information.
  - b. Maintain the original packet in the resident/applicant's file.
8. The Regional Manager/RVP should provide a recommendation for approval or denial within five business days of receipt of the packet.
9. The Community Manager must follow up with the 504 Coordinator (Director of Compliance) if a response to the request for approval/denial is not received within five business days.
  - a. The process from initial contact to denial/approval should take no more than 30 days.

### **Approved Request**

1. If the request for accommodation or modification is approved:
  - a. Notify the resident or applicant of approval using the Approval of Request for Reasonable Accommodation notice.
    - Include the projected date for implementation.
  - b. Proceed with the accommodation or modification within 30 days.
  - c. Place a copy of the Approval of Request for Reasonable Accommodation notice in the resident/applicant's file.
  - d. If the date to implement an accommodation or complete a modification will exceed 30 days after the approved date:
    - Notify the Regional Manager, Regional Vice President/Director of Operations, and the 504 Coordinator (Director of Compliance).
    - Update the log. See Reasonable Accommodation Modification Logs.
      - Enter comments regarding the reason for the delay.
      - Enter the fulfilled date when complete.

### **Denied Request**

1. If the Regional Manager or Regional Vice President/Director of Operations recommends denial of the request, notify the 504 Coordinator (Director of Compliance).
  - a. The 504 Coordinator (Director of Compliance) will review and assess all documentation/verification.
  - b. The 504 Coordinator (Director of Compliance) will contact the Regional Manager and Regional Vice President/Director of Operations to determine the best course of action within three business day of

recommendation to deny.

- c. If the 504 Coordinator (Director of Compliance) believes the accommodation or modification request is warranted, the Community Manager, Regional Manager, and Regional Vice President/Director of Operations will be notified of the final decision.

- The Community Managers will follow the steps in the Approved Request section above.

2. If the internal review by the 504 Coordinator (Director of Compliance) confirms denial for reasonable accommodation or modification:

- a. Notify the resident or applicant of denial using the Denial of Request for Reasonable Accommodation notice.

- Include an explanation of the reason for denial.

- b. Place a copy of the Denial of Request for Reasonable Accommodation notice in the resident/applicant's file.

3. Throughout the process, update the Reasonable Accommodation/Modification Log detailing activity and dates. See Reasonable Accommodation Modification Logs.

4. If the resident or applicant requests reconsideration of a denial, forward the reconsideration to the 504 Coordinator (Director of Compliance).

- a. The resident or applicant may submit new documentation or other information to reassess the original request.

- b. The 504 Coordinator (Director of Compliance), or local counsel at their request, will issue a final written decision either affirming or overturning the denial.

### **Attorney or other Third-Party Request**

1. Escalate any reasonable accommodation or modification requests made by a resident/applicant's attorney or supportive organization to the 504 Coordinator (Director of Compliance) directly for review.

### **Resources**

#### Related Forms (Found in OneSite)

- Request for Reasonable Accommodation
- Under Consideration Letter
- Authorization for Release of Information for Reasonable Accommodation (RA) or Modification Request
- Certification of Need for Reasonable Accommodation and Third-Party Verification
- Healthcare Provider Cover Letter
- Nonresponsive Healthcare Provider Letter
- Approval of Request for Reasonable Accommodation Notice
- Denial of Request for Reasonable Accommodation Notice

#### Related Grace Hill Vision Courses

- Fair Housing and Reasonable Accommodations and Modifications

**Last Updated 05/23/2023 04:35 PM ET**

# ROSE COMMUNITY MANAGEMENT

## REQUEST FOR REASONABLE ACCOMMODATION

**Note:** This form is to be completed by the Applicant, Resident, or Participant or on behalf of a family member, and may be submitted to your Community Manager at any time. If you need assistance completing this form, or you have any additional questions or concerns, please contact your Community Manager.

**Property Name and address:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Name of Head of Household(HOH)** \_\_\_\_\_

**HOH Address, City, State and Zip Code** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **and Email Address:** \_\_\_\_\_

1. Participant needing the reasonable accommodation:

☐ Head of Household ☐ Family Member: \_\_\_\_\_

*Name*

2. What accommodation(s) are you requesting? (Please be specific)

☐ Extra bedroom necessary for a person with a disability, live-in Aide or need to store equipment.

Please explain why the extra bedroom is necessary.

☐ Special Communication needed for either persons with visual impairments or hearing impairments. Please specify in detail the type of communication that is needed:

☐ Unit transfer. Please specify in detail the type of unit that is needed.

☐ Modification(s) to your unit is needed. Please specify in detail the type of modification that is needed:

☐ A unit with accessible features. Please explain why an accessible unit is necessary:

3. Reason for requesting this accommodation: \_\_\_\_\_

4. You will need to provide proof of your need for the accommodation. Information must be provided from your doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the person's disability.



5. The medical professional, a peer support group, a non-medical service agency, or reliable third party who is in a position to know about the person's disability who provides the information for the requested accommodation must either: complete the Certification of Need for Reasonable Accommodation and Third Party Verification or must prepare a letter that fully answers the medical questions that are included on the form and gives the doctor's medical opinion whether or not they believe that the requested accommodation is appropriate for you. Forms or letters that are incomplete will require management to ask for more information; this will delay the time it takes to grant or deny the request. The Certification of Need for Reasonable Accommodation and Third-Party Verification is not to be completed by the Head of Household or the requesting individual.
6. If your request involves a transfer, you will need to also complete a Transfer Request Form. If your request involves the addition of a Live-in Aide, you will need to complete Live-in Aide form(s).
7. **Release of Information:** I had full opportunity to read and consider the contents of this authorization, and by signing this form I give Rose Community Management permission to talk with my physician or other professional, reliable third party or Case Manager who has completed the verification for the reasonable accommodation requested. This authorization will expire 12 months from the date it is signed. I have the right to revoke this authorization at any time by giving written notice of my revocation to RSC.

By signing this document, I certify under penalty of perjury that the information and statements I have provided as part of and/or in support of this request for a reasonable accommodation are, to the best of my knowledge, true and accurate.

**Resident/Applicant please return the completed and signed form.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident/Participant

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**TO BE COMPLETED BY THE PROPERTY MANAGER:**

	Yes	No
Is there an obvious need for RA request? (if yes, do not need to verify)		
Can a transfer to a barrier-free home meet this accommodation?		
Are barrier-free homes available at this community?		
Can this RA be met by transferring a non-disabled resident from an existing barrier-free home?		
Are specifications required from the Vice President of Engineering?		
Can on-site staff complete the work?		
What is the estimated completion cost?		
Signature of Manager: _____ Date: _____		

**TO BE COMPLETED BY CORPORATE OFFICE:**

☐ Approved by    ☐ Denied by    Name/ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original: Applicant/Resident File

Copy: Resident, Regional Manager and 504 Coordinator





## Rose Community Management

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subject: **2ND REQUEST FOR VERIFICATION OF RESIDENT'S NEED  
FOR:** \_\_\_\_\_

To Whom It May Concern:

I am writing on behalf of Rose Community Management, LLC. We are assisting with your patient's request for an accommodation and/or modification at our community.

Your patient requests either an accommodation or modification based upon status as a person with disabilities. The attached Certification of Need for Reasonable Accommodation and Third-Party Verification form should be completed by you in order for us to make an informed decision on your patient's reasonable accommodation request. We look for your professional guidance if there are items that you recommend as disability-related needs, that will ameliorate the patient's disability, or will ameliorate the effects of a disability. If so, please specify what those item(s) are.

Please do **not** provide any diagnosis, treatment, medical records, listing of medications themselves, or any other protected health information. We are **not** asking you to disclose the nature or severity of any disabilities. This letter is part of an interactive dialogue to ensure that we have comprehensive information as we process your patient's request.

Please fax the completed form to my attention at:

Fax number: \_\_\_\_\_

If you have any questions, you may reach me at:

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Thank you for your prompt assistance. We look forward to hearing from you in the next seven (7) days.

Sincerely,

Management Representative

Enclosure: Authorization for Release of Information form signed by your patient

Cc: Applicant/Resident File (w/encl.)

General/Regional Manager (w/encl.)



# Rose Community Management

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

I am writing on behalf of Rose Community, Management, LLC. Your recent request for a(n) :

\_\_\_\_\_ Reasonable Accommodation  
\_\_\_\_\_ Reasonable Modification  
\_\_\_\_\_ Economic Accommodation  
\_\_\_\_\_ Assistive Animal

was forwarded to me for consideration.

Your request is under consideration and we wish to maintain an interactive dialogue with you to ensure that we have comprehensive information as we process your request.

There has been no decision made at this time; we are actively engaged in the process and look forward to exchanging information with you. After our review is complete, we will issue a determination on your request.

My contact information is:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Sincerely,

Management Representative

Original – Resident/Applicant  
Copy – Resident/Applicant File





# AUTHORIZATION FOR RELEASE OF INFORMATION REGARDING REASONABLE ACCOMMODATION OR MODIFICATION REQUEST

THIS SECTION COMPLETED BY MANAGEMENT, SIGNED BY APPLICANT/RESIDENT,

To:

RE:

\_\_\_\_\_  
Print applicant/resident name

\_\_\_\_\_  
Apt. No. (if assigned)

Phone: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

Fax #: \_\_\_\_\_

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

I hereby authorize release of the information requested below. Information obtained under this consent is limited to information that is no older than twelve (12) months. If there are circumstances which would require the Owner to verify information that is up to five (5) years old, it would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date Signed

I hereby authorize the health care provider to consult with representatives of the housing community, in writing, in person, or by telephone concerning the physical or mental impairment(s) that I assert to qualify as a person with a disability for the sole purpose of this reasonable accommodation or modification request.

I hereby authorize the release of information to the housing community regarding the request for reasonable accommodation or modification described on this form. This release shall constitute a limited authorization for the release of information, as described below.

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

- 1. Documentation necessary to verify that the above-named individual meets the definition of a “qualified individual with a disability”, as defined below;**
- 2. A description of the needed reasonable accommodation(s) and/or modification(s); and,**
- 3. A description of the identifiable relationship between the individual’s disability and the requested reasonable accommodation(s) and/or modification(s).**

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; or**
- 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 the Fair Housing Act’s or Section 504’s definition of “physical or mental impairment, but is treated by a recipient as having such an impairment.

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

This Authorization does **not** authorize the housing community 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. Any information or documentation released as a result of this Authorization shall be kept confidential and will not be shared with anyone unless required to make or assess a decision to grant or deny a reasonable accommodation or modification request.





## Rose Community Management

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subject: **VERIFICATION OF RESIDENT'S NEED FOR:** \_\_\_\_\_

To Whom It May Concern:

I am writing on behalf of Rose Community Management, LLC. We are assisting with your patient's request for an accommodation and/or modification at our community.

Your patient requests either an accommodation or modification based upon status as a person with disabilities. The attached Certification of Need for Reasonable Accommodation and Third-Party Verification form should be completed by you in order for us to make an informed decision on your patient's reasonable accommodation request. We look for your professional guidance if there are items that you recommend as disability-related needs, that will ameliorate the patient's disability, or will ameliorate the effects of a disability. If so, please specify what those item(s) are.

Please do **not** provide any diagnosis, treatment, medical records, listing of medications themselves, or any other protected health information. We are **not** asking you to disclose the nature or severity of any disabilities. This letter is part of an interactive dialogue to ensure that we have comprehensive information as we process your patient's request.

Please fax the completed form to my attention at:

Fax number: \_\_\_\_\_

If you have any questions, you may reach me at:

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Thank you for your prompt assistance. We look forward to hearing from you in the next seven (7) days.

Sincerely,

Management Representative

Enclosure: Authorization for Release of Information form signed by your patient

Cc: Applicant/Resident File (w/encl.)

General/Regional Manager (w/encl.)

## CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION AND THIRD PARTY VERIFICATION

**Important: this form is to be completed by a health care provider who is familiar with the person's disability and need for the requested accommodation. This section may not be completed by the Applicant, Resident, or Participant.**

**Management Company completes this section:**

Date: \_\_\_\_\_  
Name of party requesting the Reasonable Accommodation: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**Please return to Community's Name, Address, City, State, Zip. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_**

**We are not inquiring as to diagnosis, treatment, or the extent and severity of the disability.**

**Explanation:** Rose Community Management is required by law to provide reasonable accommodations to disabled applicants, residents, and participants in its programs when the accommodations will facilitate their ability to function and provide equal opportunity to use and enjoy our housing programs. Applicable federal and state law defines "disability" with respect to the individual as (1) a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) a record of having such an impairment; but such terms do not include current illegal drug use or addiction to a controlled substance, or an alcoholic who poses a direct threat to property or safety because of alcohol use. The following questions may help determine whether the applicant, resident or participant (or a member of the household) has a disability.

**Healthcare Provider completes this section:**

1. Name of Applicant/Resident/Participant: \_\_\_\_\_

2. In my professional opinion and assessment:

- ☐ **The Individual requesting the accommodation(s) has a disability** based on one or both of the following legal definitions: (please check each that applies)
- ☐ He/she has a physical or mental impairment that limits one or more major life activities; or
- ☐ He/she has a record of having such an impairment.
- ☐ **The Household Member requesting the accommodation(s) does not have a disability.**

3. Please check **only one** of the following:

- ☐ I certify that the Request for Reasonable Accommodation is necessary for the Applicant/Resident/Participant to have an equal housing opportunity as result of his/her disability.
- ☐ I do not certify/believe that the Request for Reasonable Accommodation is necessary for the Applicant/Resident/Participant to have an equal housing opportunity as result of his/her disability.



4. Please describe the relationship between the reasonable accommodation and the disability:

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5. Please describe the participant's limitation. For example, if the limitation is:

- Unable to care for oneself, live-in aide or caretaker needed: please provide the particulars of services needed and the length of time (hours or days) that assistance is needed.
- Walking: please state what is the distance the applicant, resident or participant can walk. You may give distances and/or how long the applicant, resident or participant can stand.
- Lifting: please state the maximum pounds the applicant, resident or participant can lift and the maximum time limits.

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6. Are there any other alternate accommodations or modifications that could meet the applicant's, resident's, participant's or household member's needs in place of what the applicant, resident, participant or household member has requested?

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7. How long have you been treating the household member? Please do not include specific details of treatment.

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8. Please state your qualifications or professional credentials to make this verification, please also list your State's Medical License Number if you are a physician or licensed by the state:

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#### **CERTIFICATION:**

I understand that I may be contacted by Rose Community Management to verify the information I have provided or to provide further information/clarification regarding this request. Furthermore, I understand that I may be contacted or otherwise subpoenaed to provide testimony in a court of law, administrative hearing and/or other legal action with respect to the information I have provided herein or related to this document. If not able to provide testimony, you must state the reason below:

**By signing this document, I certify under penalty of perjury that the information and statements I have provided as part of and/or in support of this request for a reasonable accommodation are to the best of my knowledge true and accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Professional Title

\_\_\_\_\_  
Fax:



**ROSE COMMUNITY MANAGEMENT**  
**DECISION FORM OF RESIDENT'S REQUEST FOR**  
**REASONABLE ACCOMMODATION/MODIFICATION**

**RESIDENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SITE:** \_\_\_\_\_

**UNIT/APPLICANT #:** \_\_\_\_\_

**We have completed the review of your request for reasonable accommodation under Section 504. The following is the outcome of our review:**

- ☐ We are pleased to approve your request without modification. If required, staff will contact you to coordinate/expedite the approved accommodation.
- ☐ Your request is approved with the following modification(s): \_\_\_\_\_. Please come in or call us to discuss the proposed accommodation.

**NOTE: IF THE RESIDENT'S REQUEST IS DENIED, THIS FORM MUST BE SIGNED BY A REGIONAL SUPERVISOR AND THE SENIOR VICE PRESIDENT.**

- ☐ We are unable to approve your request; however, we are offering you the following alternative accommodation that we believe will address the needs you have described
- ☐ We are unable to approve your request because it constitutes an undue financial hardship for the site.
- ☐ We are unable to approve your request because you have not been able to establish a need for the accommodation.
- ☐ We are unable to approve your request because the individual you have identified to verify your disability has not responded.
- ☐ We are unable to approve your request because the individual you have identified to verify your disability has determined you do not meet the \*Section 504 definition of an individual with disabilities. Section 504 is a law that applies only and specifically to individuals who are disabled. Since your doctor has indicated you are not disabled, you do not qualify for accommodation under this law.
- ☐ We are unable to approve your request under Section 504 because it does not appear to constitute a reasonable accommodation as defined by Section 504.

**This request was reviewed, and its recommended action authorized by:**

\_\_\_\_\_  
DIRECTOR OF COMPLAINTS -504 COORDINATOR

Individual with disabilities: Defined by Section 504 as any person who: (1) has a physical or mental impairment that substantially limits one or more major life activities (i.e. caring for oneself, performing manual tasks, seeing, hearing, speaking, breathing, learning and working); (2) has a record of such impairment; or (3) is regarded as having such an impairment