

SPECIAL ASSISTANCE PROCEDURE

It is the policy of the Northeast Georgia Housing Authority to provide reasonable accommodations for residents who are disabled. Public facilities and the required number of dwelling units owned and operated by the housing authorities shall meet the requirements of Section 504 of the Rehabilitation Act of 1973 as amended and other statutory requirements.

To the extent feasible, the Northeast Georgia Housing Authority shall provide accommodations for permanent or long term disabled individuals who require assistance to access their apartment, and for whom a renovated Section 504 accessible unit is not available.

Special assistance shall be requested by the head of household on a form provided by the Northeast Georgia Housing Authority. The need for assistance shall be verified by a physician or other medical professional who can testify as to the nature and extent of the physical disability as specifically applicable to the requested accommodation. The director of housing management shall attest the need and send a copy of the request to the maintenance department for processing.

1. Wheelchair Assistance

A portable ramp for wheelchair accessibility may be secured through the maintenance department on the basis of availability. The head of household, or other legally responsible adult, shall sign a form provided by the Northeast Georgia Housing Authority. The original shall be filed in the maintenance folder. A copy shall be placed in the resident's management file and a copy shall be given to the resident.

Failure to return the portable ramp at (or prior to) move-out shall result in a debit to the resident's account for the cost of the ramp.

Permanent ramps are not to be installed without special written instructions from the executive director.

2. Handrails

Pre-fabricated handrails will be installed at all elderly designated units as funds become available.

Special requests for handrails shall be made and processed in the same manner as provided by the preceding paragraphs of this policy statement.

3. Grab Bars

Bathroom grab bars shall be requested and processed in the same manner as provided by the preceding paragraphs of this policy statement.

While special requests for disability assistance shall not take precedence over routine or emergency work orders, such requests shall be filled as soon as feasible, but within four weeks of the written request.

NOTE: No alteration shall be made when structural integrity or normal use of the facility shall be jeopardized.

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REQUEST FOR REASONABLE ACCOMMODATIONS

1. Name _____ Telephone _____
Address _____ City _____

2. Nature of Request:
_____ Temporary Wheelchair Ramp _____ Bathroom Grab Bars
_____ Handrail at _____ Front _____ Back Door _____ Mailbox at Front Door
_____ Thermostat setting increased to _____ degrees _____ Other
(Specify)

3. **Physician's Statement:**
Nature of Physical Condition: that would **specifically** warrant the above requested accommodation(s): _____

Is condition expected to be permanent or long term (over 12 months)? _____ Yes _____ No

Will the requested assistance substantially contribute to the resident's independence? _____ Yes _____ No

Additional information: _____

I understand that this document can be used in a court of law.

Signature _____ Address: _____

Physician / Medical Professional _____

Phone No. _____ License Number _____

4. Housing Representative's Statement _____

_____ Director of Housing Management

5. Resident's Acknowledgement

It is understood that the Northeast Georgia Housing Authority has met the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) and that a specially equipped apartment is not available at this time.

I accept responsibility for any equipment assigned to me and agree to pay for such equipment not returned to the Northeast Georgia Housing Authority after adjustment for normal wear and tear. I further agree to hold the Northeast Georgia Housing Authority harmless for any accident or injury in connection with this special request, and the equipment supplied to me by the Northeast Georgia Housing Authority pursuant to such request.

Signature _____
Head of Household

