

Northeast Oregon Housing Authority

Serving Union-Grant-Baker & Wallowa County

Mailing Address

P.O. Box 3357

Office Location

2608 May Lane
La Grande, OR



PHONE: 541-963-5360

800-425-8638

WEBSITE: www.neoha.org

FAX: 541-963-3682

TDD: 541-963-2465

EMAIL: neoha@uwtc.net

Northeast Oregon Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. NEOHA Executive Director has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24CFR,pt8)11/2013

NOTICE OF AVAILABILITY OF REASONABLE ACCOMMODATION

LIVE IN AIDE

Under the law, you have the right to request a change in our rules, regulations, practices, or procedures

IF you have a disability **AND**

the requested change will better enable you to use and enjoy the property you rent.

We may require you

- to document the existence of the disability and
- to obtain verification from a qualified person (counselor, doctor, social worker or rehabilitation center) that the accommodation is related to your disability and would give you equal opportunity to use and enjoy the housing.

If you would like the owner of your rental to make modifications in your rental or to some other part of the property to accommodate your disability, let **NEOHA** know and we will try to negotiate with your Landlord / Owner. Your request must be reasonable, not too expensive and not too difficult to arrange.

A response to the request for **REASONABLE ACCOMMODATION** regarding the final determination of approval or denial of the request will occur 10-15 days from the receipt of the request, unless there is a problem getting the information. We will let you know if we need more information, more verification or if we would like to talk with you about other ways to meet your needs.

If your request for **REASONABLE ACCOMMODATION** is turned down, we will explain the reasons. If you need further information, we will give it to you. You have a right to a hearing or grievance if you do not agree.

If you need help filling out a **REASONABLE ACCOMMODATION Request Form** or if you want to give us your request in some other format, please let us know.

You may obtain a **REASONABLE ACCOMMODATION REQUEST FORM** at:

NORTHEAST OREGON HOUSING AUTHORITY OFFICE

2608 MAY LANE

LA GRANDE, OR 97850

or notify **NEOHA** at the listed telephone numbers or email, and we can mail a copy of the request form to you.

1-541-963-5360

1-800-452-8638

1-541-963-2465 - TTD

email - neoha@uwtc.net

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REQUEST FOR 24-HOUR LIVE-IN-AIDE

You have a right to request a 24-hour Live-In-Aide if you are Disabled .

You will need to have your health care provider verify that you require a 24-hour live-in-aide.

► **Head of Household** requiring a Live-in Aide _____.

Name of Live-in Aide- _____.

Live-in Aides. Although a health care provider must document the need for a live-in aide (which would result in the issuance of an additional bedroom size voucher), the live-in aide must be identified by the family and approved by the PHA first.

The definition of a live-in aide is recorded in *24 CFR Section 5.403* which states that a live-in aide is a person who resides with one or more elderly persons, near-elderly persons or persons with disabilities and who is:

- (1) determined to be essential to the care and well-being of the persons;
- (2) is not obligated for the support of the persons; and
- (3) would not be living in the unit except to provide the necessary supportive services.

It should be noted that the definition applies to a specific person. In accordance with this definition, a live-in aide is not a member of the assisted family and is not entitled to the HCV as the remaining member of the tenant family. In accordance with *24 CFR Section 982.316*, the PHA must approve the person identified as the live-in aide.

The PHA may disapprove such a person if she/he has:

- (1) committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing program;
- (2) committed drug-related criminal activity or violent criminal activity; or
- (3) currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.

Additionally, under *24 CFR Section 982.402(a)*, the PHA must establish subsidy standards to determine the number of bedrooms needed for families of different sizes and compositions. Consequently, PHAs may not approve an unidentified live-in aide, nor a larger unit than the family qualifies for under the PHA's subsidy standards for an unidentified live-in aide. The guidance outlined in this Notice is in accordance with these regulatory provisions. Occasional, intermittent, multiple or rotating care givers typically do not reside in the unit and would not qualify as live-in aides. Therefore, an additional bedroom should not be approved for a live-in aide under these circumstances.

I do hereby authorize my health care provider _____.

Doctor name

Doctor address

to release any information regarding my request to **NORTHEAST OREGON HOUSING AUTHORITY**, as may be needed for the purpose of determining my eligibility for rental assistance.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

►► Health Care Provider

Please complete this certification for the above named individual, based on the attached definitions of "Handicapped" & "disabled" individuals and "Live-in aide". This information will be used only for the purpose of establishing eligibility for our rent subsidy program.

It is my opinion that the above mentioned individual needs a 24 HOUR LIVE-IN-AIDE

YES **NO** (State reason):

I CERTIFY THE ABOVE INFORMATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE.

care provider _____
DATE

(Signature of health

►►► **NEOHA Executive Director** your request to add the 24 hr live-in aide above has been reviewed and

APPROVED **DENIED**

Dale Inslee, Executive Director *(DATE)*

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REASONABLE ACCOMMODATION VERIFICATION

Live in Aide

* This verification is to be completed by the qualified person named on the request

_____, has requested that, **NORTHEAST OREGON**
name of the Housing Recipient requesting the accommodation

HOUSING AUTHORITY, change the rules, regulations, practices or procedures (see attached Reasonable Accommodation Request) as an accommodation, which will enable him/her to use & enjoy their rental property.

- ❖ We are required under Federal Fair Housing laws to make reasonable accommodations when such accommodation will give someone who is disabled an equal opportunity to use and enjoy their housing.
- ❖ We are not required to & do not approve accommodations that are a matter of convenience or preference only.
- ❖ Under Federal Law, someone is handicapped or disabled if they suffer "a physical or mental impairment which substantially limits one or more major life activities", or if they have "a record of such an impairment" or "are regarded as having such an impairment".
- ❖ Not included in the definition is someone who is a current illegal user of controlled substances.

A physical or mental or mental impairment means

- 1- 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
 - 2- any mental or psychological disorder such as; mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.
- ❖ Such an impairment "includes but is not limited to such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current illegal use of controlled substance) and alcoholism."
 - ❖ The term "major life activities means "functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

In order to determine if this housing recipient and the requested accommodation fit within the terms of the law, would you kindly verify the following;

It is my professional opinion that: [Mark appropriate box(es)]

- The person listed above **DOES NOT** meet the definition of an individual with a disability
- The person listed above **DOES** meet the definition of an individual with a disability

YES **NO** The requested accommodation – *the need for a live-in aide* -- is directly related to the disability and is necessary to access housing, maintain housing, or fully use/enjoy housing.
(Necessary indicates necessity as opposed to only the matter of convenience or preference.)



SIGNATURE

DATE

PROFESSIONAL TITLE // ORGANIZATION