

RCAM Reasonable Accommodation Policy

Purpose — This policy establishes guidelines for providing reasonable accommodations to individuals with disabilities in compliance with the Fair Housing Act (FHA) Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (ADA). RCAM wants to make sure that its policies and procedures do not deny people with disabilities the chance to be part of its programs

Policy Statement— RCAM is committed to ensuring equal access to its Family Shelter and services for persons with disabilities. Reasonable accommodations are modifications or exceptions to policies, practices, or procedures that enable individuals with disabilities to enjoy equal participation in housing programs, including RCAM's Family Shelter.

Scope — This policy applies to all RCAM housing facilities, programs, and services, including its Family Shelter.

Definitions

Reasonable Accommodation: A change, exception, or adjustment to a program, services, or procedure that allows a person with a disability equal enjoyment of housing programs.

Undue Burden: An accommodation that imposes significant financial or administrative hardship or fundamentally alters the nature of the program.

Assistance Animal: Includes service animals and emotional support animals as defined under FHA and Section 504.

Policy Requirements

1. Eligibility:

- Individuals with disabilities may request reasonable accommodations, including for assistance animals.
- There must be a clear connection between the requested accommodation and the individual's disability.

2. Legal Compliance:

- RCAM will comply with FHA, Section 504, and ADA requirements.
- When FHA/Section 504 and ADA apply simultaneously, RCAM will meet obligations under both standards.

3. Responsibilities

- The individual is responsible for the care and supervision of service animals, including toileting, feeding, grooming, and veterinary care.
- RCAM is not obligated to provide care or supervision for service animals.

4. Limitations:

- Accommodations will not be provided if they create an undue financial or administrative burden or fundamentally alter program operations.

Examples of Reasonable Accommodations

- Allowing a service or emotional support animal in the Family Shelter and RCAM housing facilities including RCAM's office.
- Providing alternative bedding or adjusting sleeping arrangements in RCAM's Family Shelter.

If you request a reasonable accommodation, you will get a response from RCAM within 30 days.

To get a Reasonable Accommodation Request form:

- **Call:** 207.524.5095 X.203
- **Write to** RCAM, P O Box 205, 81 Church Hill Dr., Leeds, ME 04263
- **Email** crystal@rcam.net

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If you need help filling out a Reasonable Accommodation Request form, or if you want to make the request in another way, please let us know. The request may also be made by a family member, social worker or other person on your behalf.

Any information you provide will be kept confidential.

RCAM might need more verification from the disabled person's healthcare provider about the relationship between the request and the person's disability.

If more information is needed RCAM will contact you and provide another form for you to complete.



Part I -RCAM Reasonable Accommodation Request

This form is available in larger font or alternative format upon request.

Please ask us if you need help completing this form. Assistance will be provided upon request.

A. General Information

Date of Request: _____

Name of Person Making the Request: _____

Current Address: _____

Name of Person with Disability requiring the Reasonable Accommodation:

Name of Head of Household: _____

Current Address of Household: _____

Daytime Phone: (____) _____ Cell Phone: (____) _____

B. Reasonable Accommodation Request. Please let RCAM staff know your preference for how we communicate with you.

C. Disability Related Need. Please explain why the requested accommodation is necessary and how the accommodation is directly related to the household member's disability

NOTE: Provide as much detail as possible to assist RCAM in evaluating the request without addressing the nature or severity of the household member's disability or the household member's medical diagnosis to the extent possible:

I represent that the above information is true and correct.

Signature

Date

Please Print Name

Please return the completed and signed form to:

RCAM
P O BOX 205, 81 Church Hill Rd.
Leeds, ME 04263