

Hearing Officer
Department of Community Affairs
Division of Housing & Community Resources
101 South Broad Street, PO Box 051
Trenton, New Jersey 08625-0051

Any request for appeal must include specific reference to the information that the participant believes is incorrect or was incorrectly decided. In accordance with the regulations governing the Office of Administrative Law, once a request is received the agency will determine whether the matter qualifies as a contested case within thirty (30) days. The agency will inform the participant of its determination in writing.

As defined at N.J.A.C. §1:1-2.1: a contested case “means an adversary proceeding, including any licensing proceeding, in which the legal rights, duties, obligations, privileges, benefits or other legal relations of specific parties are required by constitutional right or by statute to be determined by an agency by decisions, determinations, or orders, addressed to them or disposing of their interests, after opportunity for an agency hearing, N.J.S.A. 52:14B-2.”

Sincerely,

Hearing Officer

Attachment

cc: Field Office Supervisor
Regional Supervisor
Supervisor of Field Operations

Documents in Evidence

Joint EXHIBITs

- J-1
- J-2
- J-3

For Appellant

- A-1
- A-2
- A-3

For Respondent

- R-1
- R-2
- R-3

Witnesses

For Appellant

For Respondent

**NJ DEPARTMENT OF COMMUNITY AFFAIRS
HOUSING ASSISTANCE PROGRAMS
CENTRAL ADMINISTRATIVE OFFICES
PO BOX 051
TRENTON, NJ 08625-0051**

REQUEST FOR REASONABLE ACCOMMODATIONS

You may utilize this form to request that DCA 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 access the DCA's programs.

For purposes of this form, please refer to the "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 DCA's Housing Assistance Programs Field Office Supervisor. 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 the DCA's Field Office Supervisor or the DCA's Section 504/ADA Coordinator.

Date of Request

Social Security Number

Name of Participant

Telephone Number

Address

City/State/Zip Code

REQUEST FOR REASONABLE ACCOMMODATIONS – PAGE 2

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

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

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

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

The DCA may require documentation to support your reasonable accommodation request(s).

Signature of Participant

Date

**NJ DEPARTMENT OF COMMUNITY AFFAIRS
HOUSING ASSISTANCE PROGRAMS**

**AUTHORIZATION FOR RELEASE OF INFORMATION
REGARDING REASONABLE ACCOMMODATION(S) REQUEST**

RE:

Household member with disability: _____

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

I hereby authorize the release of information to the DCA 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.

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,
3. A description of the identifiable relationship between the individual's disability and the requested reasonable accommodation(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
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 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 DCA 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 other than (a) the individual requesting the reasonable accommodation, or (b) 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 Participant

Date

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- (1) Informant's (see page 20-8 above) Name and Address
- (2) Informant's Telephone Number and Fax Number
- (3) Informant's Email Address

NJ DEPARTMENT OF COMMUNITY AFFAIRS
HOUSING ASSISTANCE PROGRAMS

APPROVAL OF REQUEST FOR REASONABLE ACCOMMODATION

Date: _____

To: [Provide Participant's Name & Address]

Dear Participant:

Your request for reasonable accommodation has been received by the Department of Community Affairs (DCA). Specifically, you requested [**describe specific accommodation request(s)**].

- _____ The DCA will provide you with the requested accommodation(s).

If you think that this change or modification is not what you requested, you may contact the DCA Section 504/ADA Coordinator Dane Lane at (609)943-4698.

In addition, you may exercise your right to file a complaint with the U.S. Department of Housing and Urban Development. You may contact your local HUD office at:

U.S. Department of Housing and Urban Development
Newark Office
One Newark Center, 13th Floor
Newark, NJ 07102
Telephone: (973) 776-7307
Facsimile: (973) 645-6423

Sincerely,

Name/Title

NJ DEPARTMENT OF COMMUNITY AFFAIRS
HOUSING ASSISTANCE PROGRAMS

DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION

Date: _____

To: **[Provide Participant's Name & Address]**

Dear Participant:

Your request for reasonable accommodation has been received by the Department of Community Affairs (DCA). 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 Procedures” and, therefore, the DCA is not required to provide you with a reasonable accommodation.
- _____ The DCA has determined that your request is not “reasonable” for the following reasons: **[describe specific basis for unreasonable determination]**

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

If you disagree with the DCA's decision, you may file a grievance. Contact DCA Section 504/ADA Coordinator Dana Lane at (609)943-4698.

In addition, you may exercise your right to file a complaint with the U.S. Department of Housing and Urban Development. You may contact your local HUD office at

U.S. Department of Housing and Urban Development
Newark Office
One Newark Center, 13th Floor
Newark, NJ 07102
Telephone: (973) 776-7307
Facsimile: (973) 645-6423

Sincerely,

Name/Title