

Exhibit A

Village of Oxford Reasonable Accommodation Policy and Policy on Assistance Animals

The Village of Oxford is committed to providing people with disabilities¹ the equal opportunity to use and enjoy their dwellings, as required by federal, state, and local law. Reasonable accommodations may include a change or exception to rules, policies, practices, or services that is needed because of a person's disability. It is our general policy to provide reasonable accommodations to individuals with disabilities whenever an individual has a.) requested a reasonable accommodation or modification, b.) met the definition of a person with a disability, and c.) has provided that there is a disability-related need for the requested accommodation or modification. A disability-related need exists when there is an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.

We accept reasonable accommodation requests from persons with disabilities and those acting on their behalf. If the request is of a time-sensitive nature, please let us know and we will expedite the decision-making process. In the event we need additional information to make a determination, we will promptly advise you of the information needed. It is our policy to seek only the information needed to determine if the request should be granted under federal, state, or local law. **We will not ask about the nature or extent of your disabilities.** If the request is granted, you will receive a letter indicating so.

If the request is denied, we will provide you with a letter stating the reasons for the denial. If an individual with a disability believes that the request has been denied unlawfully or a response has been unreasonably delayed, then he or she may appeal to, and or appear before, the Oxford Village Board at an open meeting. An application for an appeal shall be made in writing no later than 15 calendar days after a notice of denial has been issued. The decision rendered by the Village Board shall be final and binding.

***VILLAGE OF OXFORD BOARD
129 S. FRANKLIN AVENUE
P.O. BOX 122
OXFORD, WI 53952
608-586-4488***

¹ For this purpose, a person with a disability is defined as a person with a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such an impairment, or a person with a record of such an impairment. Physical or mental impairments include, but are 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, HIV, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism. The term "substantially limits" suggests that the limitation is significant or to a large degree. The term "major life activity" means those activities that are of central importance to daily life, including, but not limited to, the following: seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

Requests for an Assistance Animal

A common type of reasonable accommodation is allowing a person with a disability to keep assistance animal(s).² Dogs are the most common type of assistance animal; however, there are many other animals that can be assistance animals as well. **Breed, size, and weight limitations may not be applied to an assistance animal and these animals are not required to be individually trained or certified.** We are committed to ensuring that individuals with disabilities, who make a reasonable accommodation request, may keep such animals to the extent required by federal, state, and local law. In the case of an individual who requests a reasonable accommodation for an assistance animal, we will consider the following two criteria:

- i. That the individual requesting the accommodation to keep an assistance animal meets the definition of a person with a disability;
- ii. That the individual requesting the accommodation to keep an assistance animal has a disability-related need for the animal.

If the individual meets the two criteria, we will allow the individual with a disability to live with and use an assistance animal in all areas of the premises where persons are normally allowed to go unless doing so would fundamentally alter the nature of our services or would impose an undue financial and administrative burden.

We may ask individuals who have disabilities that are not readily apparent or known to submit reliable documentation of a disability and their disability-related need for an assistance animal. We may request documentation from a treating physician, psychiatrist, social worker, other mental health professional, or other reliable third party, stating that the animal provides support that alleviates one or more of the identified symptoms or effects of an existing disability. **We will not ask for access to medical records or request detailed or extensive information/documentation regarding an individual's physical or mental disabilities.**

Because we are dedicated to the health and safety of all residents, please note that if the specific assistance animal poses a direct threat to the health, safety, or property of others, the request may be denied if it cannot be reduced or eliminated by other reasonable means. A determination that an assistance animal poses a direct threat of harm to others or would cause substantial physical damage will be based on an individualized assessment that relies on demonstrable, objective evidence about the nature of the harm and the specific animal's actual conduct and characteristics. It will not be based on speculation or fear about the types of harm or damage an animal may cause. It will not be based on evidence about harm or damage that other animals have caused.

² An assistance animal, also known as a service animal, an emotional support animal, or a therapy animal, is not a pet. It is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals perform many disability-related functions, including, but not limited to, the following: guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing protection or rescue assistance, pulling a wheelchair, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support.

EXHIBIT B

REASONABLE ACCOMMODATION REQUEST VERIFICATION

Date _____

To _____

Provider's Name

Provider's Address

From _____

Requesting Entity

RE: REQUEST FOR REASONABLE ACCOMMODATION

INDIVIDUAL'S NAME _____

ADDRESS _____

The individual named above is living in/moving to our community and has requested the following accommodation: _____

Under state and federal laws, individuals with disabilities may request reasonable accommodations from housing providers and we must consider the request. Reasonable accommodations in rules, policies, practices, and services must be allowed to give persons with disabilities an equal opportunity to use and enjoy housing, provided such accommodation does not impose an undue hardship or requests a change in the fundamental nature of our business.

In situations where an individual's disability or disability-related need for an accommodation is not obvious, it is our policy to verify that the individual qualifies as disabled, as that term is defined by law, and requires the accommodation in order to have an equal opportunity to use and enjoy their housing. We would appreciate your cooperation in answering the questions on this form and returning it to the owner listed above. Enclosed is a stamped, self-addressed envelope for this purpose. The resident has consented to this release of information, as shown on the last page.

A. Information Requested

1. Are you currently treating (name of individual), or have you treated him or her in recent years, for any condition(s) related to the above request?

Yes No

2. In your professional opinion, is (name of individual) disabled by this condition(s), as “disabled” is defined below?

Yes No

3. In your professional opinion, would the requested accommodation alleviate one or more symptoms or effects of (name of individual)’s disabling condition(s), or otherwise provide him or her equal opportunity to use and enjoy a dwelling.

Yes No

If yes, please explain how:

4. Would you be willing to discuss this matter with us if additional information or clarification is necessary?

Yes No

If no, please explain:

B. Definition of “Disabled”

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment

The term physical or mental 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, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use. (24 CFR Par 8.3).

The term major life activities means those activities that are of central importance to daily life, including, but not limited to: seeing, hearing, walking, breathing, sleeping, performing manual tasks, caring for one's self, learning, and speaking.

NAME AND TITLE OF PERSON SUPPLYING INFORMATION _____

Signature _____ Date _____

C. Resident Release

TO THE RESIDENT:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE MUNICIPALITY OR THE HEALTH CARE PROVIDER IS LEFT BLANK.

RELEASE: The person named and signing below is an applicant or resident or is the adult guardian of a minor child household member of an applicant/resident at the above municipality requesting the information on this form. By my signature below, you are authorized to provide the information requested on this form about me, or about the minor child.

Print Name _____

Signature _____ Date _____

If information is requested for a minor, print minor's name below.
